

EXHIBIT D

ATHLAW LLP

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MAR - 3 2020

NFL PLAYER BENEFITS

**DANIEL
LOPER**

**APPLICATION FOR LINE-
OF-DUTY DISABILITY
BENEFITS**

DL-00221

Complete, sign, and notarize the designation

SEND THIS PAGE

Player information

Player's Name (first, middle, last)

DANIEL ROBERT LOPER

Date of birth

Social Security Number

Phone number

Email (optional)

MAR - 3 2020

Representative information

Note: Your authorized representative cannot be a convicted felon or a person who has pled guilty or no contest to a felony.

Representative's name

Samuel Katz, Esquire (Athlaw LLP)

Relation to Player

Attorney

Address (number and street)

8383 Wilshire Blvd.

Apartment, suite, unit, etc. (optional)

Suite #800

City

Beverly Hills

State

CA

Zip Code

90211

Phone number

(818) 454-3652

Email (optional)

SamKatz@AthlawLLP.com

Election

Note: For your designation to be effective, you must select at least one box in each option below. Select all that apply.

This designation applies to the following:

Pension Plan (other than NFL Player Disability benefits)
(aka Bert Bell/Pete Rozelle NFL Player Retirement Plan)

NFL Player Annuity Program

☒ NFL Player Disability benefits* (provided either under
the Pension Plan or the Disability Plan, aka NFL Player
Disability and Neurocognitive Benefit Plan)

88 Plan*

HRA* (aka Gene Upshaw NFL Player
Health Reimbursement Account Plan)☐ 401(k) Savings Plan
(aka NFL Player Second Career Savings Plan)

NFL Player Capital Accumulation Plan*

* If you have checked any of these flagged options, for your designation to be effective, you must also complete and return the "Authorization for Release of Plan Records and Information" form.

Signature and authorization

I designate the above person to be my Authorized representative for the purposes elected above. I certify that the information provided on or with this Designation is, to the best of my knowledge, true, accurate, and complete.

Player's signature

Date completed

1/8/20

This section is to be completed and notarized by a notary public. This section does not apply to the 88 Plan.

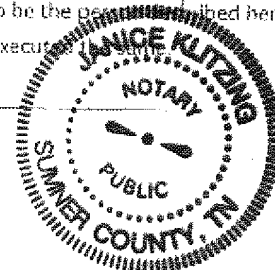
State of Tennessee County of Sumner On the 8th day of January, 2020,
before me came Daniel Loper, to me known and known to me to be the person named herein
and who executed the foregoing statement and he duly acknowledged to me that he executed the same.

Notary Public

Janice Klitzing
my comm exp. 06.22.2021

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Form revised 02/2019



3



DL-00222

Complete and sign the application and consent form

LINE-OF-DUTY
DISABILITY BENEFITS
APPLICATION

Fill this sheet out to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions. **Attach additional pages if you need more space to explain your situation.**

SEND THIS PAGE

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN LINE-OF-DUTY DISABILITY BENEFITS APPLICATION		
Player's Name (first, middle, last) Daniel, Robert, Loper	Date of birth [REDACTED]	Social Security Number [REDACTED]
Address (number and street) [REDACTED]		Apartment, suite, unit, etc.
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Phone number [REDACTED]	Email (optional) [REDACTED]	
Evaluating your impairment: Most LOD applicants are referred to an independent orthopedist for a comprehensive, whole-body physical examination.		
If you do not have orthopedic impairments, initial here	If you have non-orthopedic impairments (e.g., headaches), describe them here and explain how they relate to NFL-football activities.  The Plan will only consider non-orthopedic impairments that are identified in this application.	
Recent surgeries Have you had surgery, or do you intend to have surgery, within 12 months of the date on this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: Left wrist carpal tunnel release performed on 01/09/20		
Medical records & other supporting documents What documents are you providing with this application? Operative reports, imaging reports, physicians' reports, NFL team medical and athletic training records, and Legal Brief in Support of Application. See also complete prior administrative record.		
Do you plan to submit additional documents at a later date? No.		
 Your application will not be complete, and will not be processed, until all supporting documents are received by the Plan.		

Signature and authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with this Application, to all individuals as needed for Plan purposes.

Player's signature	<i>Daniel Loper</i>
Date completed	02/21/2020

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Last revised 06/2018

DL-00223

Complete and sign the application and consent form

LINE-OF-DUTY
DISABILITY BENEFITS
APPLICATION

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

SEND THIS PAGE

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR LINE-OF-DUTY DISABILITY BENEFITS APPLICATION

In submitting my application for LOD benefits, I understand that:

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
 - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
 - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for LOD benefits.

Signature and authorization

☒ I have read and understood the information in this Consent Form.

Player's name (print) Daniel Loper	Player's signature <i>Daniel Loper</i>	Date completed 02/21/2020
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ATHLAW LLP

February 27, 2020

SAMUEL KATZ, ESQ.
 Managing Partner, Athlaw LLP
 8383 Wilshire Blvd. Suite 800
 Beverly Hills CA 90211
 (818) 454-3652
samkatz@athlawllp.com

NFL DISABILITY INITIAL CLAIMS COMMITTEE
 NFL Player Disability & Neurocognitive Benefit Plan
 200 Saint Paul St., Ste. 2420
 Baltimore, MD 21202

RE: DANIEL LOPER'S APPLICATION FOR LINE-OF-DUTY BENEFITS

Dear Disability Initial Claims Committee:

Mr. Daniel Loper, respectfully requests his Line-Of-Duty ("LOD") disability benefits under the NFL Player Disability & Neurocognitive Benefit Plan ("the Plan").

IMPAIRMENTS SUMMARY	PAGE
Right Shoulder: "Symptomatic Shoulder Instability"; "Multiple injuries with clinical and MRI evidence support post. instability"; "symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI"	2
Right Shoulder: "he has really inflamed his AC joint"; "He's very tender over his AC joint"; "STILL POINT TENDER ON AC"; "Moderate AC joint arthritis"	3
Left Shoulder: "Symptomatic Shoulder Instability"; "Multiple injuries with clinical and MRI evidence support post. instability"; "symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI"	4
Left Shoulder: "He's tender over his AC joint"; "Severe AC joint arthrosis"; "Daniel took a blow to his L. Clavicle near the A/C joint"	5
Lumbar Spine: "L5-S1: 3 mm disc herniation"; "Radiculopathy- Lumbar"	6
Cervical Spine: "disc herniation"; "Radiculopathy of cervical region"	7
Left Wrist: "The DRUH is unstable"; "His DRUJ is unstable in a neutral position"; "He is still tender and unstable"; "Mr. Loper had the TFCC tear on the left side"; "TFCC tear on the left side"	8
Left Wrist: "Left carpal tunnel release"	9
Left Knee: Knee Arthroscopy including "compartment releases"	10
Right Shoulder: "SUB SCAP TEAR"	11
Left Elbow: "1+ valgus stress"; "medial triceps strain"	12
Bilateral Shoulders: "degeneration"; "degenerative signal changes"	13
Bilateral Ankles: "arthrosis"; "Talonavicular joint arthrosis"	14

ATHLAW LLP

RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

Right Shoulder	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes

Exhibit A - Dr. Glenn Perry

Right Shoulder	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Exhibit B - Dr. Herndon Murray

IMPRESSION:

1. Left shoulder, labral tears with posterior humeral head subluxation, instability, MRI documented.
2. Right shoulder, labral tears, posterior humeral head subluxation, instability, MRI documented.

Exhibit B - Dr. Herndon Murray

Partial Dislocate	<input checked="" type="checkbox"/>
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Exhibit C

ATHLAW **LLP**

RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

he has really inflamed his AC joint

Exhibit D

He's very tender over his AC joint

Exhibit D

Moderate AC joint arthrosis.

Exhibit E

STILL POINT TENDER ON AC,

Exhibit F

Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.

Exhibit E

ATHLAW LLP

LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

Left Shoulder			
	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes

Exhibit A - Dr. Glenn Perry

Left Shoulder			
	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Exhibit B - Dr. Herndon Murray

IMPRESSION:

1. Left shoulder, labral tears with posterior humeral head subluxation, instability, MRI documented.
2. Right shoulder, labral tears, posterior humeral head subluxation, instability, MRI documented.

Exhibit B - Dr. Herndon Murray

Left Shoulder?	<input checked="" type="checkbox"/>
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Exhibit G

ATHLAW LLP

LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

He's tender over his AC joint

Exhibit H

Severe AC joint arthrosis

Exhibit I

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Clavicle, musculo-skeletal

Onset: 8/20/2011 Return: 9/03/2011

Daniel took a blow to his L. Clavicle near the A/C joint.

Exhibit J

Final Impression:

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

Exhibit I

ATHLAW LLP

<u>Lumbar Spine Impairment</u>	<u>Point Value</u>
Documented Herniated Lumbar Nucleus Pulposus With Radiculopathy (Does Not Include Disc Bulges Or Disc Protrusions)	5

L5-S1: 3 mm disc herniation.

Final Impression:

Exhibit N

1. L4-5: 3 mm disc bulge and mild left lateral recess stenosis.
2. L5-S1: 3 mm disc herniation. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 root.
3. Spondylosis.

Exhibit N

Radiculopathy- Lumbar

724.4/M54.16

Exhibit L

Radiculopathy- Lumbar

724.4/M54.16

Exhibit M

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Lumbar Facet Syndrome

Onset: 8/13/2011 Return: 8/17/2011

Injury/Illness Report

LOPER, DANIEL

Lumbar Facet Syndrome

General

Side of body injured:	Left
Clinical impressions:	Lumbar Facet Syndrome
Injury occurred on team:	The Oakland Raiders
Onset of injury:	8/13/2011

Exhibit K

ATHLAW LLP

<u>Cervical Spine Impairment</u>	<u>Point Value</u>
Documented Herniated Cervical Nucleus Pulposus With Radiculopathy (Does Not Include Disc Bulges Or Disc Protrusions)	5

disc herniation

Exhibit O

Final Impression:

1. C6-7: 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis.

Exhibit O

Radiculopathy of cervical region 723.4/M54.12

Exhibit M

Radiculopathy of cervical region 723.4/M54.12

Exhibit L

<u>101.NECK</u>	L	R
Stretches		
Pinches		✓

Exhibit C

ATHLAW LLP

LEFT WRIST OCCURRENCE

<u>Wrist Impairment</u>	<u>Point Value</u>
Wrist Instability On Clinical Examination - Moderate Or Greater (i.e., instability that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	2

The DRUJ is **unstable**

Exhibit P

His DRUJ is **unstable** in a neutral position

Exhibit R

He is still tender and **unstable.**

Exhibit Q

Mr. Loper had the **TFCC tear** on the left side.

Exhibit Q

TFCC tear on the left side

Exhibit P

ATHLAW LLP

LEFT WRIST OCCURRENCE

<u>Wrist Impairment</u>	<u>Point Value</u>
S/P Carpal Tunnel Release	2

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
DATE OF SURGERY: 01/09/20
PATIENT MRN#: 30176
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Thomas Dohan, M.D.

PREOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

PROCEDURE PERFORMED: Left carpal tunnel release.

Exhibit S

ATHLAW LLP

LEFT KNEE OCCURRENCE

<u>Knee Impairment</u>	<u>Point Value</u>
S/P Arthroscopy – Chondroplasty Not Performed With Other Procedures)	1

OPERATIVE NOTE

PREOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

POSTOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

PRINCIPAL PROCEDURE: Arthroscopically assisted fasciotomy, anterior compartment, left leg.

Exhibit T

Daniel Loper

Date of Service: 7-17-2008

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS: Daniel returns now three weeks and one day status post arthroscopically assisted anterior compartment releases to his left knee. Overall he feels he has done quite well and he has no complaints.

Exhibit U

ATHLAW LLP

RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

SUB SCAP TEAR

Exhibit Y

DATE OF INJURY 2/5/2008	TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED	TIME EMPLOYEE BEGAN WORK ON INJURY DATE 12:00 PM	
DATE EMPLOYER NOTIFIED OF INJURY 2/6/2008	BODY PART AFFECTED CODE R Shoulder	NATURE OF INJURY CODE Rot Cuff Str 1 Deg	CAUSE OF INJURY CODE
DATE CLAIM ADM NOTIFIED OF INJURY	How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.		
DATE LAST DAY WORKED	Body contact		

Exhibit X

05-Feb-08 07-Feb-08 R Shoulder Rot Cuff Str

Exhibit W

LOPER, DANIEL
Right SHOULDER SUBSCAPULARIS STR

Exhibit V

ATHLAW LLP

LEFT ELBOW OCCURRENCE

<u>Elbow Impairment</u>	<u>Point Value</u>
Triceps Tendon Tear	3

1+ valgus stress

Exhibit Z

IMPRESSION: Left elbow hyperextension injury with medial triceps strain.

Exhibit Z

ATHLAW LLP

RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>

degeneration in the humeral head and glenoid

Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.

Exhibit E

LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>

Final Impression:

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

Exhibit I

ATHLAW LLP

RIGHT ANKLE OCCURRENCE

<u>Ankle Impairment</u>	<u>Point Value</u>

arthrosis,

Final Impression:

1. Chronic high-grade tears of the anterior tibiofibular and anterior talofibular ligaments. Clinical correlation for instability is recommended.
2. Marginal osseous ridging about the ankle, compatible with arthrosis, without chondral defect.

Exhibit AA

LEFT ANKLE OCCURRENCE

<u>Ankle Impairment</u>	<u>Point Value</u>

Talonavicular joint arthrosis

Final Impression:

1. Tibialis posterior tendinosis, with mild tenosynovitis of all three flexor tendons.
2. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon.
3. Talonavicular joint arthrosis and marginal osseous ridging.

Exhibit BB

ATHLAW LLP

In keeping with the plain terms and manifestation of intent of the Plan, the Board should prudently and expeditiously award Mr. Daniel Loper the collectively bargained for benefits he deserves "...as part of [his] compensation for investing [himself] in sports ..." Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433, 1439 (8th Cir. 1993).

Please contact me if you have any questions.

Sincerely,
ATHLAW LLP


SAMUEL KATZ, ESQUIRE

ATHLAW LLP**DANIEL LOPER LOD APPLICATION EXHIBIT LIST**

Exhibit A	NFL Plan Physician's Report Form and Report by Dr. Glenn Perry Dated November 14, 2018
Exhibit B	NFL Plan Physician's Report Form and Report by Dr. Herndon Murray Dated April 12, 2018
Exhibit C	Cowboys Health History Questionnaire Dated October 18, 2011
Exhibit D	Titans Injury Report Dated August 22, 2005
Exhibit E	Right Shoulder MRI Report Dated August 29, 2017
Exhibit F	Titans Right Shoulder Player Treatment History Dated August 23, 2005
Exhibit G	Titans Health History Dated June 20, 2007
Exhibit H	Titans Left Shoulder Injury Report Dated November 27, 2008
Exhibit I	Left Shoulder MRI Report Dated August 29, 2017
Exhibit J	Raiders Left Shoulder Injury Report Dated October 19, 2011
Exhibit K	Raiders Lumbar Injury Reports Dated October 13, 2011
Exhibit L	Orthopedic Examination Report by Dr. Colin Crosby Dated April 11, 2018
Exhibit M	Orthopedic Examination Report by Dr. Colin Crosby Dated May 24, 2018
Exhibit N	Lumbar Spine MRI Report Dated August 29, 2017
Exhibit O	Cervical Spine MRI Report Dated August 29, 2017
Exhibit P	Titans Left Wrist Injury Report Dated November 16, 2006
Exhibit Q	Titans Left Wrist Injury Report Dated May 18, 2006
Exhibit R	Titans Left Wrist Injury Report Dated April 27, 2006
Exhibit S	Left Wrist Operative Report Dated January 9, 2020
Exhibit T	Left Knee Operative Report Dated June 25, 2008
Exhibit U	Titans Left Knee Injury Report Dated July 17, 2008
Exhibit V	Titans Right Shoulder Injury Report Dated August 2, 2005
Exhibit W	Titans Injury Summary Dated March 6, 2008
Exhibit X	Tennessee Workers' Compensation Report Dated April 11, 2008
Exhibit Y	Titans Right Shoulder Injury Report Dated August 23, 2005
Exhibit Z	Raiders Left Elbow Injury Report Dated August 25, 2010
Exhibit AA	Right Ankle MRI Report Dated August 29, 2017
Exhibit BB	Left Ankle MRI Report Dated August 29, 2017
Exhibit CC	Miscellaneous NFL Team Records

DL-00240

Operative Reports

DL-00241

SAINT THOMAS SURGERY CENTER - MIDTOWN
2004 HAYES ST., SUITE 450
NASHVILLE, TN 37203

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
DATE OF SURGERY: 01/09/20
PATIENT MRN#: 30776
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Thomas Dovan, M.D.

PREOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

PROCEDURE PERFORMED: Left carpal tunnel release.

ANESTHESIA: Local with sedation.

COMPLICATIONS: None.

SPECIMENS: None.

DRAINS: None.

PREOPERATIVE ANTIBIOTICS: Given prior to start of the procedure.

TOURNIQUET TIME: 7 minutes, forearm tourniquet, 200 mmHg.

INJECTIONS: 1% lidocaine with 1:100,000 epinephrine, 10 mL.

INTRAOPERATIVE FINDINGS: Nerve mildly hyperemic. No masses in the carpal tunnel.

INDICATIONS FOR PROCEDURE: The patient is a very pleasant gentleman with left carpal tunnel syndrome. We are taking him for left carpal tunnel release. The risks, benefits, and alternatives have been discussed. Informed consent has been obtained. Operative site was marked with indelible marker.

ID/SN/anyddmrs/PA-4133132
D: 01/09/20 10:55 A CST
I: 01/10/20 05:41 A CST

DL-00242

RE: LOPER, DANIEL
OPERATIVE REPORT
PAGE 2

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and laid supine on the hospital bed. All bony prominences were well padded. After adequate sedation, the left upper extremity was prepped and draped in the standard surgical fashion. The incision was then injected with the above medication. I then exsanguinated the arm with an Esmarch dressing and inflated the tourniquet. A longitudinal incision was made in the palm staying ulnar to the palmaris longus. I incised sharply through the skin and dermis. I bluntly dissected and identified the palmar fascia and transected it longitudinally. The distal fat pad was identified. The superficial arch was protected. The transverse carpal ligament was then released longitudinally. The distal antebrachial fascia was directly visualized and then released longitudinally staying away from the median nerve as well as the ulnar artery. The contents of the carpal tunnel were inspected. There were no masses in the carpal tunnel. At that point, the tourniquet was deflated. Hemostasis was obtained. The incision was copiously irrigated, and the incision was closed with interrupted sutures. Sterile soft dressing was applied. He tolerated the procedure very well. There were no complications. He was admitted to the recovery room postoperatively.



Thomas Dovan, M.D.

Date

10/14/2025 10:55:10 AM
D 01/09/20 10:55 A CST
T 01/10/20 03:43 A CST

DL-00243

Jun 30 2008 4:00PM EL E SPORTS MED

61532 697

03/202001CC Med Page 1

RT/DOCUMENTATION
MED IMAGESSM
(51VSKT)

DATE: June 25, 2008

PATIENT: #30776 Daniel Loper

SURGEON: David R. Moore, M.D.

FIRST ASSISTANT: Curtis Bandy

FACILITY: Baptist Plaza Surgicare

OPERATIVE NOTE

PREOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

POSTOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

PRINCIPAL PROCEDURE: Arthroscopically assisted fasciotomy, anterior compartment, left leg.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

TOURNIQUET TIME: 23 minutes.

INDICATIONS FOR OPERATION: Mr. Loper is a pleasant 26-year-old offensive lineman for the Tennessee Titans. He has noted increasing discomfort to his anterior compartment over the last three weeks. His pain has not improved despite relative rest, a Medrol Dose Pack, and anti-inflammatories. With any attempts to return to exertional activities, he notes increased discomfort over his anterior compartment. He did have formal compartment testing which demonstrated significantly elevated pressures, particularly involving the anterior compartment to the left leg. The lateral compartment was normal appearing. He has had no symptoms to his superficial or deep posterior compartment. He has had no numbness or tingling. His only symptoms have been pain. As he has not improved despite appropriate conservative treatment measures, he has elected to proceed with surgical management of the exertional compartment syndrome to the anterior compartment of the left leg. The risks including but not limited to the possibilities of bleeding, infection, persistent pain, persistent symptoms, anesthetic complications, and even death were discussed in detail. Mr. Lope understood and wished to proceed.

DETAILS OF THE OPERATION: The patient was taken to the operating room and placed supine on the operating table. He received appropriate preoperative antibiotics. After adequate induction of general endotracheal anesthesia, the patient's left lower extremity was prepped and draped in the usual sterile fashion. The left lower extremity was exsanguinated, and the tourniquet was elevated to 350 mmHg. The standard 6 cm incision was made centered over the

Page 1 of 2

DRM:lc

DL-00244

Jun 30 2008 4:00PM

EL E SPORTS MED

61532 697

P. 3

**RT/DOCUMENTATION
MED IMAGESSM
(SIVSKT)****DATE:** June 25, 2008

Dr. Moore

PATIENT: #30776 Daniel Loper

mid portion of the anterior compartment. Sharp dissection was carried down through the subcutaneous tissue to the underlying fascia. Blunt dissection was then carried proximally and distally an additional 10 cm. A transverse incision was made in the fascia of the anterior compartment. Under direct visualization, the fasciotomy was extended proximally and distally. The arthroscope was placed without turning on the water and utilized to advance first proximally along the anterior compartment and then distally. The intermuscular septum was easily probed between the anterior and lateral compartments, and care was taken to remain anterior to the intermuscular septum. Blunt dissection was carried down to the lateral compartment at the junction of the proximal two thirds and distal one third of the leg. The superficial peroneal nerve was identified as it exited the fascial ring. It was clear that it was well posterior and lateral to the dissection. Care was taken to ensure that the fasciotomies were carried far enough distally and proximally, which they were.

The tourniquet was let down, and excellent hemostasis was obtained. The subcutaneous tissue was closed with interrupted 3-0 Vicryl, and the skin was closed with interrupted horizontal mattress 3-0 nylon sutures. A bulky dressing was applied. Postoperatively, the patient was placed in a boot for comfort. All sponge and instrument counts were correct at the end of the case. Postoperatively, the patient was awakened and taken to the recovery room in stable condition.

David R. Moore, M.D.

DD: 06/25/2008 23:42
DT: 06/26/2008 11:03
Transmission Date: 06/25/2008

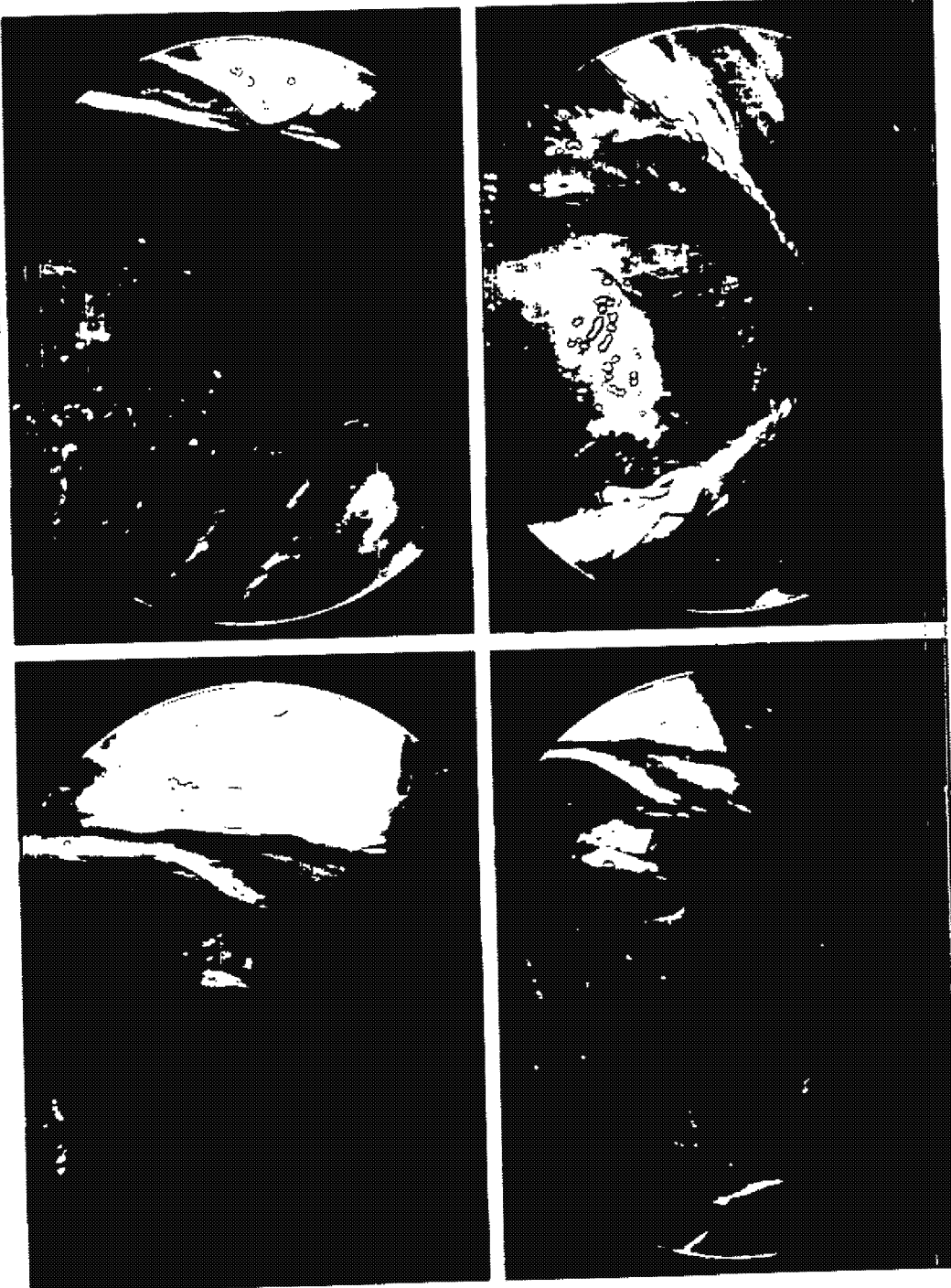
DRM:ic

Page 2 of 2

DL-00245

NAME: LOPER, DANIEL
ACT#: 30776
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE

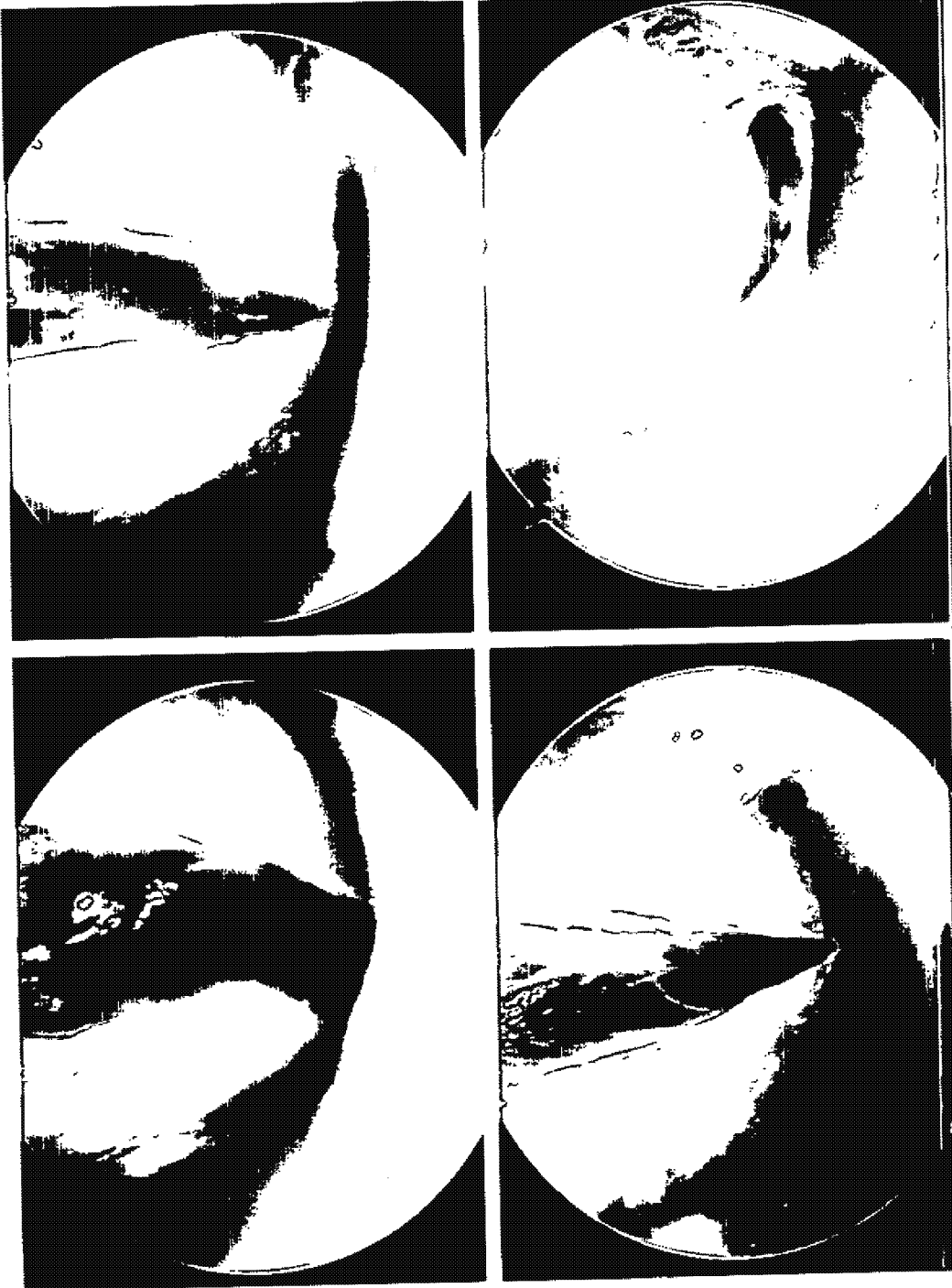


After T and Release

DL-00246

NAME: LOPER, DANIEL
ACT#: 30776 *Left Leg*
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE



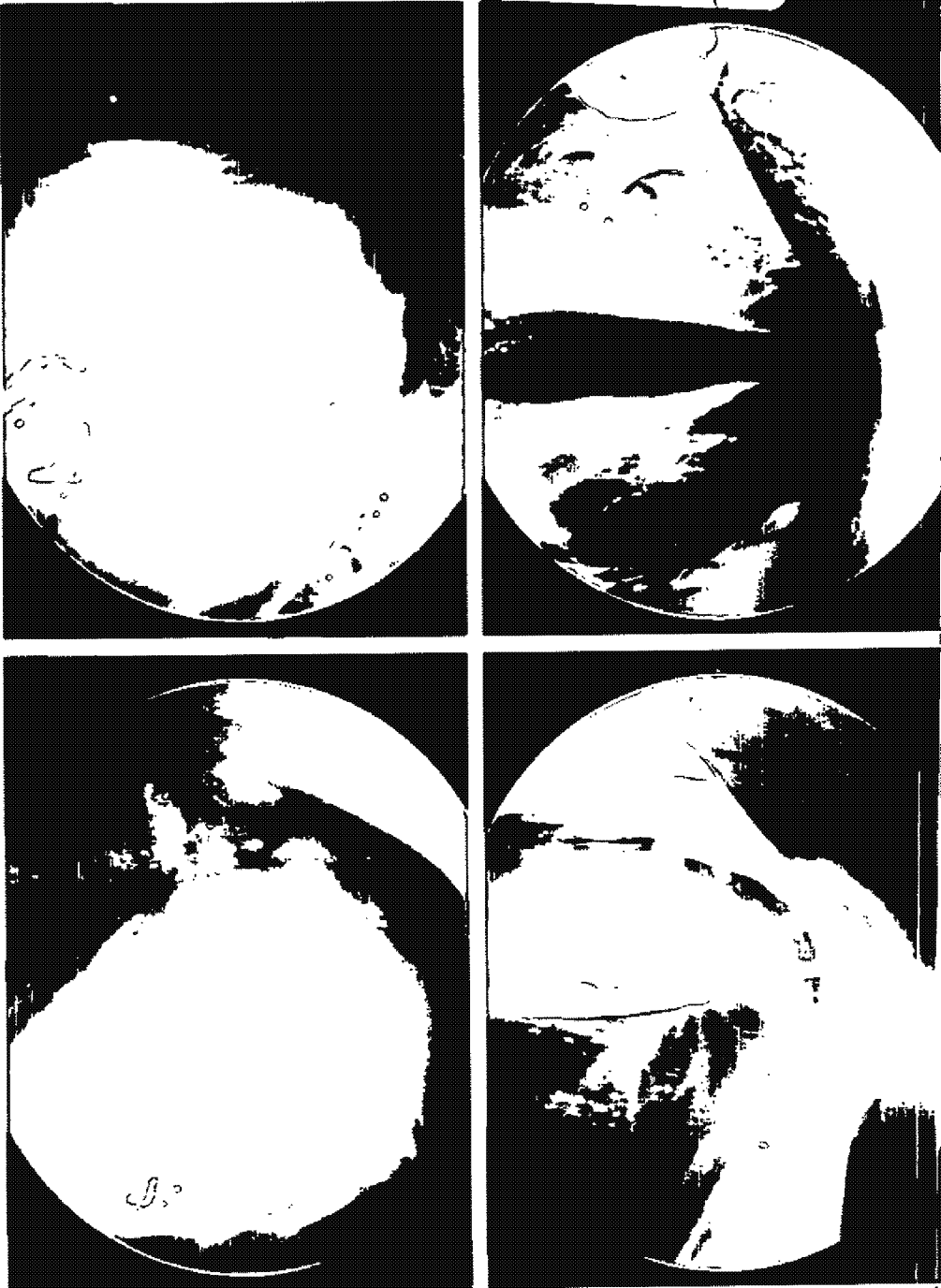
Fascia Release

DL-00247

03/20/2025 09:00:00 AM

NAME: LOPER , DANIEL (2)
ACT#: 30776 Left
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE



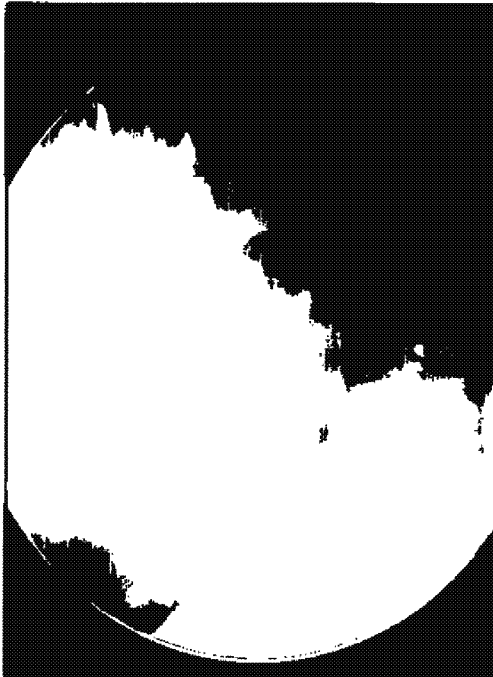
DL-00248

03/20/2025 03:04:00 PM

03/20/2025 03:04:00 PM

NAME: LOPER, DANIEL
ACT#: 30776
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE



None in fact



DL-00249

BAPTIST PLAZA SURGICARE

NAME: LOPER , DANIEL
ACT#: 30776
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08



DL-00250

Diagnostic Imaging Studies

DL-00251

E-Ballot - 4/26/2018

03/18 DICC Med Page 16



(615) 836-3788 TEL • (615) 836-3784 FAX

18191 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147
REFERRING PHYSICIAN: DR. CHAN
EXAM: head^routine
DATE: Aug 29, 2017 11:48

Final Report**Final Impressions:**

1. There is an "empty" sella. Otherwise unremarkable brain.

Submitted clinical information: Memory issues, headaches and light sensitivity.

Study Technique:

MRI brain without gadolinium was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Comparisons: None

Findings:

Mastoid air cells appear clear. No evidence of mass, infarct, hemorrhage, hydrocephalus, atrophy, white matter disease, or abnormal diffusion. No orbital abnormality. No other abnormality is identified. "Empty" sella.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8181 if you would like to discuss the findings.

Electronically signed by

Eric Fitzcharles
Aug 29, 2017 14:54 EST.

MetisMD PRO
Electronic Signature

DL-00252

E-Ballot - 4/26/2018

03/18 DICC Med Page 17



(815) 316-3788 TEL • (815) 635-3704 FAX
18101 WEBER ROAD • CRIST HILL, ILLINOIS 60409

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 268147
REFERRING PHYSICIAN: DR. CHAN
EXAM: CERVICAL SPINE^routine
DATE: Aug 29, 2017 10:47

Final Report

Please see the below findings section for a more detailed level by level description.

Submitted Clinical Information: Bilateral upper extremity numbness and tingling.

Study Technique: Unenhanced MRI cervical spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Findings: Straight alignment. Mild diffuse spondylosis. Visualized portions of the brain stem, cerebellum, cervical and upper thoracic spinal cord exhibit normal signal intensity. Bone marrow signal intensity appears diffusely normal. Mild right maxillary sinus membrane thickening.

C2-3: No significant disc bulge or herniation.

C3-4: 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.

C4-5: 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.

C5-6: 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.

C6-7: 3 mm left paracentral disc herniation with osteophyte. Moderate spinal stenosis and mild spinal cord effacement. Mild bilateral foraminal stenosis.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

Final Impression:

1. C6-7: 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis.
2. C5-6: 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.
3. C4-5: 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.
4. C3-4: 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.
5. Spondylosis.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

DL-00253

E-Ballot - 4/26/2018

03/18 DICC Med Page 18

Electronically signed by

Eric Fitzcharles
Aug 29, 2017 18:02 EST.

MetsiMD PRO
Printed Name



DL-00254

E-Ballot - 4/26/2018

03/18 DICC Med Page 19



(815) 836-9780 TEL • (815) 836-9784 FAX
16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147]
REFERRING PHYSICIAN: DR. CHAN
EXAM: LUMBAR SPINE^routine
DATE: Aug 29, 2017 15:15

Final Report

Please see the below findings section for a more detailed level by level description.

Submitted Clinical Information: Low back pain with bilateral leg numbness and tingling.

Study Technique: Unenhanced MRI lumbar spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Findings: Normal lumbar lordosis. Desiccation of the L1-3 and L4-S1 discs. The conus exhibits normal position, contour, and signal intensity. Bone marrow signal intensity appears diffusely normal. Superficial subcutaneous soft tissue edema overlies the lumbar spine posteriorly.

T12-L1: 1 mm disc bulge.

L1-2: 1 mm disc bulge. Bilateral facet arthrosis.

L2-3: Bilateral facet arthrosis.

L3-4: Bilateral facet arthrosis.

L4-5: 3 mm disc bulge with bilateral facet arthrosis and mild left lateral recess stenosis. No foraminal stenosis.

L5-S1: 3 mm subligamentous disc herniation with bilateral facet arthrosis. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 nerve root.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

Final Impression:

1. L4-5: 3 mm disc bulge and mild left lateral recess stenosis.
2. L5-S1: 3 mm disc herniation. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 root.
3. Spondylosis.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00255

E-Ballot - 4/26/2018

03/18 DICC Med Page 20

Eric Fitzcharles
Aug 30, 2017 11:46 EST.
Mens MD PRO
Concurrent Radiology

DL-00256



(815) 836-8788 TEL • (815) 836-8784 FAX

16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 268147
REFERRING PHYSICIAN: DR. CHAN
EXAM: RT SHOULDER ROUTINE
DATE: Aug 29, 2017 14:28

Final Report

Submitted Clinical Information: Pain and limited range of motion.

Study Technique: Unenhanced MRI of the right shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Rotator Cuff: No significant rotator cuff muscle atrophy or fatty replacement. Rotator cuff tendinosis without definite tear. There is long biceps tendinosis without definite tear, subluxation, or tenosynovitis.

Labrum: Attenuation, blunting, and diffuse tearing of the posterior labrum, with paralabral ganglion cysts. This extends to the inferior labrum and to the posterosuperior labrum. There is milder anterior labral irregularity, blunting, and tearing identified. There is relative sparing of the superior labrum.

Bones and Soft Tissues: Mild subacromial/subdeltoid bursitis. Type I acromion. Moderate AC joint arthrosis. No coracoclavicular ligament tear. No glenohumeral joint effusion. Marginal osseous ridging off the posterior, superior, and inferior glenoid with cortical irregularities. Chondral thinning in the posterior humeral head and posterior glenoid articular surfaces. Posterior subluxation of the humeral head in relation to the glenoid.

Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.
4. Mild subacromial/subdeltoid bursitis.
5. Rotator cuff tendinosis without tear.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00257

E-Ballot - 4/26/2018

03/20/20 DICC Med Page 18

E-Ballot - 4/26/2018

03/18 DICC Med Page 22

Eric Fitzcharles

Aug 29, 2017 21:44 EST.

MentisMD PRO

DL-00258



(815) 816-3788 TEL. • (815) 816-3784 FAX

18101 WEBER ROAD • CREST HILL, ILLINOIS 60493

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147
REFERRING PHYSICIAN: DR. CHAN
EXAM: LT. SHOULDER*ROUTINE
DATE: Aug 29, 2017 14:55

Final Report

Submitted Clinical Information: Pain and limited range of motion with clavicle pain.

Study Technique: Unenhanced MRI of the left shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Rotator Cuff: No evidence of rotator cuff muscle atrophy or fatty replacement. Rotator cuff and long biceps tendinosis without definite tear. No long biceps tendon tear, subluxation, or tenosynovitis.

Labrum: Undermining and partial detachment of the posterosuperior labrum with small paralabral ganglion cyst. The remainder of the posterior labrum appears normal. Attenuation, blunting, and fraying of the anterior and inferior aspects of the labrum. Degeneration of the superior labrum with possible mild undermining.

Bones and Soft Tissues: Degenerative signal changes in the humeral head. No subacromial/subdeltoid bursitis. Type II acromion process. Severe AC joint arthrosis. No glenohumeral joint effusion. No chondral defect. Flattening of the posterior glenoid articular surface.

Final Impression:

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00259

E-Ballot - 4/26/2018

03/18 DICC Med Page 24

Eric Fitzcharles
Aug 29, 2017 21:43 EST.
MensMD PRO
Connecticut, CT

DL-00260

E-Ballot - 4/26/2018

03/18 DICC Med Page 25



(615) 836-3788 TEL • (615) 836-3788 FAX

16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147]
REFERRING PHYSICIAN: DR. CHAN
EXAM: LT. KNEE ROUTINE
DATE: Aug 29, 2017 12:41

Final Report

Submitted Clinical Information: Pain and swelling.

Study Technique: Unenhanced MRI of the left knee was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Menisci: No evidence of meniscal tear.

Ligaments and Tendons: No cruciate or collateral ligament tear. No iliotibial band abnormality. No medial or lateral patellofemoral ligament/retinaculum tear. Mild patellar, quadriceps, and popliteus tendinosis. Distal semimembranosus tendinosis.

Bones and Soft Tissues: No joint effusion. No popliteal cyst. Mild prepatellar edema/bursitis. Suprapatellar and infrapatellar plicae. No significant marginal osseous ridging. No chondral defect.

Final Impression:

1. Tendinosis as described.
2. Mild prepatellar edema/bursitis. Suprapatellar and infrapatellar plicae.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

Eric Fitzcharles
Aug 29, 2017 18:05 EST.

MetisMD PRO
Imaging Solutions

DL-00261

E-Ballot - 4/26/2018

03/18 DICC Med Page 26



DL-00262

E-Ballot - 4/26/2018

03/18 DICC Med Page 27



(615) 836-3788 TEL • (615) 836-3784 FAX

16101 WEBER ROAD • CREST HILL, ILLINOIS 60411

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 268147J
REFERRING PHYSICIAN: DR. CHAN
EXAM: RT. ANKLE*ROUTINE
DATE: Aug 29,2017 13:08

Final Report

Submitted Clinical Information: Pain, weakness, and instability with history of open reduction internal fixation.

Study Technique: Unenhanced MRI of the right ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Ligaments and Tendons: No posterior tibiofibular ligament tear. There is chronic high-grade tear of the anterior tibiofibular ligament, with attenuation. No posterior talofibular ligament tear. Attenuation and chronic high-grade tear of the anterior talofibular ligament, with scarring. No calcaneofibular ligament tear. No deep deltoid ligament tear.

No flexor or extensor tendon abnormality. No peroneal tendon abnormality. Mild distal Achilles tendinosis without tear. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.

Bones and Soft Tissues: No ankle effusion. Marginal osseous ridging about all aspects of the ankle, compatible with arthrosis. Chronic bony fragmentation off the distal aspect of the lateral malleolus. There is no chondral defect in the talar dome or tibial plafond. No subtalar joint chondral defect. Prominent posterior process of the talus. No evidence of tarsal or proximal metatarsal fracture or stress fracture. No bone edema or contusion. Marginal osseous ridging off the superior talar neck and off the superior talonavicular joint. Surgical changes in the vicinity of the distal aspect of the lateral malleolus.

Final Impression:

1. Chronic high-grade tears of the anterior tibiofibular and anterior talofibular ligaments. Clinical correlation for instability is recommended.
2. Marginal osseous ridging about the ankle, compatible with arthrosis, without chondral defect.
3. Chronic bony fragmentation off the lateral malleolus, suggestive of previous inversion injury, with surgical changes in this vicinity.
4. Prominent posterior process of the talus.
5. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.
6. Distal Achilles tendinosis with osseous ridging at the calcaneus attachment site.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

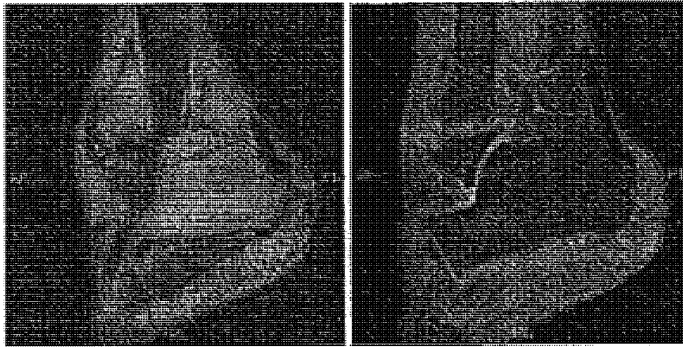
DL-00263

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03/18 DICC Med Page 28

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Eric Fitzcharles
Aug 29, 2017 21:47 EST.
Mentis MD PRO
Digitally signed by Eric Fitzcharles



DL-00264

E-Ballot - 4/26/2018

03/18 DICC Med Page 29



(616) 816-3700 TEL • (616) 816-3700 FAX

16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147J
REFERRING PHYSICIAN: DR. CHAN
EXAM: LT. ANKLE^ROUTINE LT.
DATE: Aug 29, 2017 13:44

Final Report

Submitted Clinical Information: Pain and limited range of motion with swelling.

Study Technique: Unenhanced MRI of the left ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Ligaments and Tendons: Thickening and scarring of the anterior tibiofibular ligament without tear defect. No posterior tibiofibular ligament tear. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect. No posterior talofibular ligament tear. No calcaneofibular ligament tear. No deep deltoid ligament tear.

Mild distal tibialis posterior tendinosis. Mild tenosynovitis of all three flexor tendons, without tendon tear. No extensor tendon abnormality. No peroneal tendon abnormality. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon. There is mild both band plantar fascial thickening and tendinosis with peritendinitis, but no tear or detachment.

Bones and Soft Tissues: No ankle effusion. Marginal osseous ridging about the ankle, compatible with arthrosis. No chondral or osteochondral lesion in the talar dome or tibial plafond. Prominent posterior process of the talus. No subtalar joint chondral defect. Marginal osseous ridging off the superior talonavicular joint, compatible with arthrosis.

Final Impression:

1. Tibialis posterior tendinosis, with mild tenosynovitis of all three flexor tendons.
2. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon.
3. Talonavicular joint arthrosis and marginal osseous ridging.
4. Mild marginal osseous ridging about the ankle, compatible with arthrosis.
5. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect.
6. Mild both band plantar fascial thickening and tendinosis with peritendinitis.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

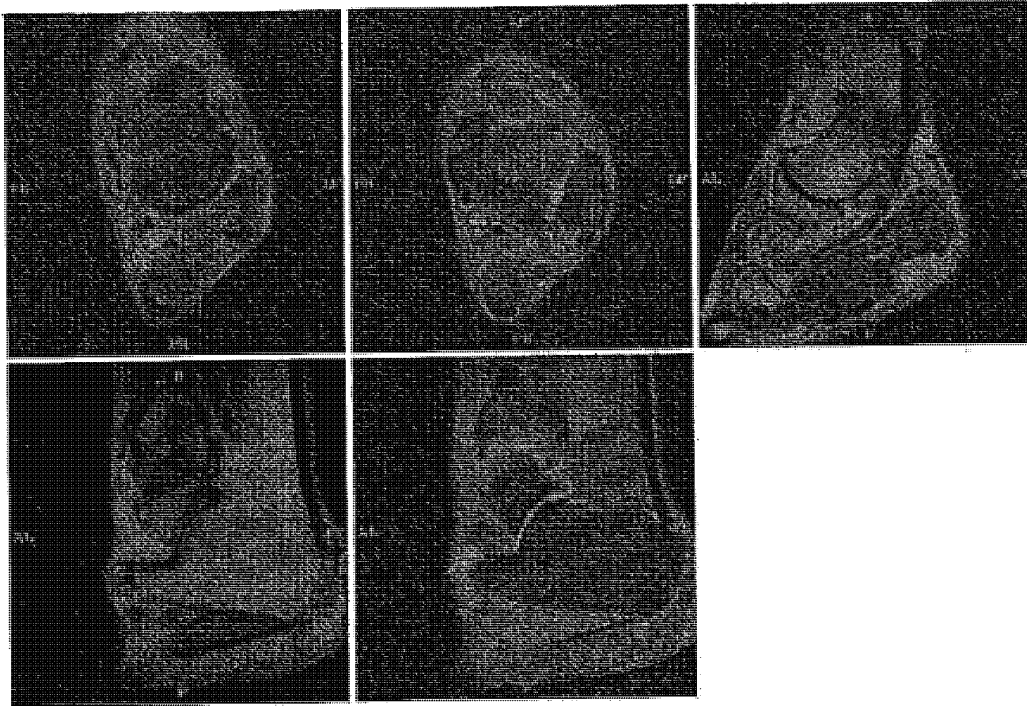
Electronically signed by

DL-00265

E-Ballot - 4/26/2018

03/18 DICC Med Page 30

Eric Fitzcharles
Aug 29 2017 21:46 EST.
MetisMD PRO
Source: Technology



DL-00266

E-Ballot - 4/26/2018

03/18 DICC Med Page 31



(815) 636-3780 TEL. * (815) 636-3784 FAX

16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147
REFERRING PHYSICIAN: DC CHAN
EXAM: L HAND, L WRIST, KNEES, ANKLES
DATE: Aug 29, 2017 11:08

Final Report

Submitted Clinical Information: Left hand weakness. Left wrist popping. Bilateral knee pain and swelling. Bilateral ankle weakness and looseness.

Study Technique: Left hand, two views.

Impression: No evidence of fracture, erosive or destructive process. No significant ulnar variance. Mild arthrosis at the first metacarpophalangeal joint. No definite Interphalangeal joint arthrosis.

Study Technique: Left wrist, two views.

Impression: No significant ulnar variance. No evidence of fracture, erosive or destructive process. Mild arthrosis at the first metacarpophalangeal joint. Lateral alignment appears near anatomic.

Study Technique: Right ankle, two views.

Impression: No medial or lateral malleolar soft tissue swelling. Mild marginal osseous ridging about the anterior ankle. Suspected chronic bone fragment off the lateral malleolus. No ankle joint space narrowing or malalignment. Plantar and posterior calcaneal spurring at the Achilles tendon and plantar fascial attachment site. Prominent posterior process of the talus. Mild marginal osseous ridging off the superior talar neck. No definite joint effusion.

Study Technique: Left ankle, two views.

Impression: No medial or lateral malleolar soft tissue swelling. No ankle joint space narrowing or malalignment. Mild plantar and posterior calcaneal spurring. No evidence of fracture, erosive or destructive process. No joint effusion. Mild marginal osseous ridging off the superior talar neck.

DL-00267

E-Ballot - 4/26/2018

03/18 DICC Med Page 32

Study Technique: Right knee, two views.

Impression: No definite joint effusion. No evidence of fracture, erosive or destructive process. Mild medial joint space narrowing. Small ossification projects over the superior aspect of the medial knee, possibly due to previous medial collateral ligament injury.

Study Technique: Left knee, two views.

Impression: No definite joint effusion. No evidence of fracture, erosive or destructive process. Mild medial joint space narrowing.

END OF REPORT

Referring physician: Please call MetisMD at 800.695.8191 if you would like to speak with the radiologist about this report.

Electronically signed by

Eric Fitzcharles

Aug 29, 2017 18:03 EST.

MetisMD PRO

Signature: Eric Fitzcharles

DL-00268

05/01/2006 MON 16:29 FAX --- TITANS

001/002

04/27/06 03:14 PM CDT via VSI-FAX

Page 1 of 2 #760680

BAPTIST HOSPITAL

2000 CHURCH STREET - NASHVILLE, TENNESSEE 37236

MEDICAL IMAGING CONSULTATION REPORT

PATIENT NAME: DANIEL LOPER

BIRTH DATE: [REDACTED]

EXAM: MR WRIST WITHOUT CONTRAST, LT

EXAM DATE: 4/24/06

INDICATIONS: PAIN, SITE: LT WRIST DORSAL ULNAR PAIN I

EXAM ID #: 2317187

ADMIT DATE: 4/24/06

ORDER DATE: 4/24/06

MR NUMBER: 0013503776

ACCOUNT #: 0049208697

ATTENDING MD: THOMAS BYRD M.D.

PT. LOCATION: XRY P

ORDERING MD: THOMAS BYRD M.D.

****SEE ADDENDED REPORT. IMPRESSIONS MAY HAVE CHANGED.***

PATIENT: Loper, Daniel

RADIOLOGIST: Steven D. Tishler, M.D.

MRI OF THE LEFT WRIST WITHOUT CONTRAST, 04/24/06:

HISTORY:

Left wrist pain.

TECHNIQUE:

Multiplanar, multisequence images of the left wrist were obtained.

FINDINGS:

There is abnormal increased signal along the lateral aspect of the triangular fibrocartilage near its insertion to the ulnar styloid. There is an fluid filling the radioulnar joint. No abnormal fluid collections are identified within the radiocarpal joint space. The scapholunate ligament and lunotriquetral ligaments are intact.

There is no evidence of bone contusion or marrow edema within the carpal bones, distal radius or ulna.

DICTATED BY: STEVEN TISHLER MD

4/24/06 2:37:36PM

TRANSCRIBED BY: LBOWMAN 04/27/2006 14:49

4/27/06 3:14:06PM

APPROVED BY: SDT

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04/27/2006 THU 15:05 [TX/RX NO 6218] 001

DL-00269

05/01/2006 MON 18:29 FAX --- TITANS
04/27/06 03:14 PM CDT via VSI-FAX

002/002
Page 2 of 2 #760680

BAPTIST HOSPITAL

2000 CHURCH STREET • NASHVILLE, TENNESSEE 37236

MEDICAL IMAGING CONSULTATION REPORT

PATIENT NAME: DANIEL LOPER

BIRTH DATE: [REDACTED]

EXAM: MR WRIST WITHOUT CONTRAST, LT

EXAM DATE: 4/24/06

INDICATIONS: PAIN, SITE: LT WRIST DORSAL ULNAR PAIN T

EXAM ID #: 2317187

ADMIT DATE: 4/24/06

ORDER DATE: 4/24/06

MR NUMBER: 0013503776

ACCOUNT #: 0049208697

ATTENDING MD: THOMAS BYRD M.D.

PT. LOCATION: XRYF

ORDERING MD: THOMAS BYRD M.D.

IMPRESSION:

There is fluid within the radioulnar joint with associated abnormal increased signal along the lateral aspect of the triangular fibrocartilage. The above findings are most consistent with a tear of the ulnar aspect of the triangular fibrocartilage. If clinically warranted, further evaluation with wrist arthrography may be helpful.

gt

ADDENDUM, 04/27/06:

Of incidental note is the presence of a 6 mm very low signal intensity structure on T1-weighted images within the distal scaphoid. Findings are most consistent with a bone island.

lmb

Dictated by: STEVEN TISHLER MD
Transcribed by: LBOWMAN 04/27/2006 14:49
Approved by: SDT

4/24/06 2:37:36PM
4/27/06 3:14:06PM

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04/27/2006 THU 15:05 [TX/RX NO 8218] 002

DL-00270

Medical Records

DL-00271

E-Filed 03/04/2021

03/20/2020 JCC Wed Page 52

Physician's Report
FormNFL Player Disability & Neurocognitive
Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0311

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the Plan Office (Tel. No. (800) 638-3186) if you are contacted by any of these individuals.

Players Name Loper, Daniel
Date of Birth [REDACTED]
Address [REDACTED]
Credited Seasons 2005 - 2012
Telephone [REDACTED]

Did you evaluate the player? Yes
If so, when? 11/14/2018
Have you or any of your partners ever treated the Player? No
Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

Impairments

Left Shoulder Points Total: 3
Right Shoulder Points Total: 3

Impairments Total: 6

General Comments:

Player had a compartment release of left leg that is not a ratable procedure.

Confirmation:

I, Glenn Perry, MD, certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.
☒ I agree.

Physician

Glenn Perry, M.D.

Reviewer's Comments

Comments

DL-00272



NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Physician's Report Form

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the Plan Office (Tel. No. (800) 638-3186) if you are contacted by any of these individuals.

Players Name Loper, Daniel
 Date of Birth [REDACTED]
 Address [REDACTED]
 Credited Seasons 2005 - 2012
 Telephone [REDACTED]

Did you evaluate the player? Yes
 If so, when? 11/14/2018
 Have you or any of your partners ever treated the Player? No
 Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

Impairments

Left Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes

Left Shoulder Points Total: 3

Right Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes

Right Shoulder Points Total: 3

Impairments Total: 6

DL-00273

E-Filed 03/07/2021

03/20/2025 MCC Wed Pages 4

Narratives

Please upload PDF or .tiff versions of your documents.

Daniel Loper PDF.pdf

103.42KB

General Comments:

Player had a compartment release of left leg that is not a ratable procedure.

Confirmation:

I, Glenn Perry, MD, certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.**Physician**

Glenn Perry, M.D.

Reviewer's Comments**Comments**

DL-00274

November 15, 2018

Daniel Loper

DOB [REDACTED]

NFL Independent Medical Evaluation—Line of Duty

36-year-old offensive lineman played in college at Texas Tech. He played for Tennessee 2000 5/2/2008, Detroit 2009, Oakland 2010, Dallas 2011,

Cervical spine/neck: Patient gives a report of multiple stingers during his NFL career that also lead to a stiff neck. He complains of numbness in his arms and fingers as well as pain in his neck. Records indicate an MRI of the cervical spine on August 29, 2017 impression: C6-C7 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis. Also 1-2 mm disc bulge at 3 other levels. Records indicate electrodiagnostic studies from the neurology office of Dr. Garrison Strickland on 4/10/2018. The report shows carpal tunnel syndrome bilateral wrists but no evidence of cervical or lumbar radiculopathy based on this electrodiagnostic study. Exam 11/15/2018 shows no evidence of radiculopathy with no focal deficits of motor, sensory, reflex.

Lumbar spine: Patient has complained of lower back pain throughout his career. He continues with lower back pain since his career and has pain with lifting and bending. He does give a history of pain shooting down both legs but no history of numbness. Records indicate MRI lumbar spine August 29, 2017, L5-S1 3 mm disc herniation with mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the L5 nerve root. As stated previously, an electrodiagnostic study by Dr. Garrison Strickland dated 4/10/2018 shows no evidence of a lumbar radiculopathy. Exam 11/15/2018 shows no evidence of radiculopathy and no focal deficits of motor sensory reflex. Patient had negative straight leg raising.

Left shoulder: Patient reported pain in his left shoulder during his career. He did not have any surgery on his shoulder but now feels as if the shoulder is unstable. Records indicate an MRI August 29, 2017 that shows degeneration of the superior labrum with partial detachment of the posterior superior labrum with para labral ganglion cyst. Also posterior subluxation of the humeral head with flattening the posterior glenoid. Exam 11/15/2018 shows marked decreased range of motion in abduction and pain and apprehension with posterior subluxation. Patient gives a history of recent surgery by Dr. Burton Elrod but no operative note is available.

Right shoulder: Patient reports similar symptoms in his right shoulder as per his left. Again he did not have any surgery during his NFL career but does feel as if the shoulder is unstable. Records indicate an MRI dated August 29, 2017 show posterior labral fraying and tearing and attenuation with posterior subluxation of the humeral head most likely due to the posterior labral tearing. Exam 11/15/2018 shows pain and apprehension with posterior subluxation.

Right knee: Patient reports injuries to his right knee including an medial collateral ligament sprain that was treated without surgery. Patient does feel popping with lateral motion from his knee and reported

a prepatellar bursitis with Oakland in 2011. There are no MRs of the right knee as part of his records. Patient did have an x-ray of the right knee August 29, 2017 that showed mild medial joint space narrowing and ossification that projects over the superior aspects of the medial knee possibly due to a previous medial collateral ligament injury. This is consistent with the patient's history. Exam 11/15/2018 largely unremarkable

Left knee: Records indicate an MRI of the left knee August 29, 2017 that shows tendinitis of the patella quadriceps and popliteal tendons as well as prepatellar edema but no internal derangement. Patient had an x-ray of the left knee dated August 29, 2017 that showed mild medial joint space narrowing otherwise no evidence of fracture erosive or destructive process. Exam 11/15/2018 unremarkable

Right ankle: Patient gave a history of surgery on the right ankle in 1992. Records indicate an MRI August 29, 2017 that indicate high-grade tears of the anterior tibiofibular and anterior talofibular ligaments with some chronic bony fragmentation of the lateral malleolus and a prominent posterior process of the talus. Patient had an x-ray of the right ankle dated August 29, 2017 that showed chronic bone fragment of the lateral malleolus posterior calcaneal spurring and marginal osseous ridging off the superior talar neck. Exam 11/15/2018 increased inversion.

Left ankle: Records indicate an MRI dated August 29, 2017 that show tibialis posterior tendinosis distal Achilles tendinosis, talonavicular arthrosis, and thickening and scarring of the anterior talofibular ligament suggestive of previous injury without tear defect. Patient had an x-ray of the left ankle August 29, 2017 that show no medial or lateral malleolar soft tissue swelling. No evidence of fracture erosive or destructive process. Mild marginal osseous ridging off the superior talar neck. Exam 11/15/2018 increased inversion

Left hand: Patient had a x-ray of the left hand August 29, 2017 that shows no evidence of fracture erosive or destructive process

Left wrist: Patient had an x-ray dated August 29, 2017 that showed no evidence of fracture erosive or distractive process with mild arthrosis at the first metacarpal phalangeal joint

Patient had a left leg compartment syndrome in 2008 with Tennessee. He had a compartment release performed. He was able to return to play but does complain of soreness at the incision site.

Patient had a lacerated spleen in 2006. It was treated nonoperatively

I, Glenn B Perry M.D., have personally reviewed all 32 pages of the patient's medical record as well as the player's appeal letter.

E-Ballot - 4/26/2018

Physician's Report
FormNFL Player Disability & Neurocognitive
Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the Plan Office (Tel. No. (800) 638-3186) if you are contacted by any of these individuals.

Players Name Loper, Daniel
Date of Birth [REDACTED]
Address [REDACTED]
Credited Seasons 2005 - 2012
Telephone [REDACTED]

Did you evaluate the player? Yes
If so, when? 4/12/2018
Have you or any of your partners ever treated the Player? No
Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

Impairments

Left Shoulder Points Total: 3
Right Shoulder Points Total: 3

Impairments Total: 6

General Comments:

There do not appear to be Point System Impairment Table ratings for leg compartment syndrome surgical decompression or for carpal tunnel syndrome without surgical release.

Confirmation:

I, H. Herndon Murray, MD, certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

Physician

H. Herndon Murray, M.D.

Reviewer's Comments

Comments

DL-00277

E-Ballot - 4/26/2018



NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-838-3186 | Fax 410-783-0041

Physician's Report Form

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Players Name Loper, Daniel
 Date of Birth [REDACTED]
 Address [REDACTED]
 Credited Seasons 2005 - 2012
 Telephone [REDACTED]

Did you evaluate the player? Yes
 If so, when? 4/12/2018
 Have you or any of your partners ever treated the Player? No
 Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

Impairments

Left Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes
Left Shoulder Points Total:	3		

Right Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes
Right Shoulder Points Total:	3		

DL-00278

E-Ballot - 4/26/2018

Impairments Total:

6

Narratives

Please upload PDF or .tif versions of your documents.

LOPER, DANIEL_04 16 2018_241611_IME.pdf

204.28KB

General Comments:

There do not appear to be Point System Impairment Table ratings for leg compartment syndrome surgical decompression or for carpal tunnel syndrome without surgical release.

Confirmation:

I, H Herndon Murray, MD., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

Physician

H. Herndon Murray, M.D.

Reviewer's Comments

Comments

DL-00279

E-Ballot - 4/26/2018



PEACHTREE ORTHOPEDICS

PATIENT NAME: LOPER, DANIEL
PATIENT NUMBER: 652995
DATE OF BIRTH: [REDACTED]
DATE OF SERVICE: 04/12/2018
PROVIDER: H Herndon Murray, MD

INDEPENDENT MEDICAL EVALUATION

The patient is a 36-year-old male seen for orthopedic evaluation at the request of the NFL Player Retirement Plan.

He gives a history of playing in the NFL with the Tennessee Titans from 2005 through 2008, the Detroit Lions in 2009, the Oakland Raiders in 2010, and the Dallas Cowboys in 2011 and 2012.

He played high school football in Texas and, while in junior high school, had surgery on his right ankle where they "sutured bone" at age 13. He played college football at Texas Tech and had no surgeries during college. He played on the offensive line, left tackle.

CHIEF COMPLAINTS AND PRESENT ILLNESS: Current symptoms listed in descending order of severity:

1. Left shoulder. He reports that his left shoulder started bothering him during his NFL career, there was no one particular injury, cumulative injuries over several years. He said evaluation showed a "shaved humeral head" on an MRI that he had in August. Treatment in the NFL was in the training room, nonoperative measures, no history of surgery. He reports that now his shoulder feels unstable and weak. He describes "subluxation" symptoms. He did have some special bracing with his shoulder pads while in the NFL. His weakness and feeling of instability continue at this time.
2. Right shoulder. He reports the symptoms and history in the right shoulder are "the exact same" as described above on the left. He reports daily pain with activities in both shoulders.
3. Cervical spine/neck. He reports multiple stingers and stiff neck episodes during his NFL career. He says that he saw doctors and chiropractors. He now complains of numbness in his arms and fingers as well as neck pains. He says he has tried multiple different pillows. Main symptoms are on the right more than on the left, mainly in the lateral hand and fingers. He reports diagnosis as carpal tunnel syndrome bilaterally and that the numbness tends to come and go.
4. Lower back. Cumulative lower back pain in the NFL, history of episode of bruised kidney while in Detroit. Treatment was always in the training room. He is not aware of any specialty referral during his career. He reports that his lower back now hurts with daily activities, particularly with lifting and bending. He reports some pain shooting down his legs, no history of numbness.

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DL-00280

E-Ballot - 4/26/2018



PEACHTREE ORTHOPEDICS

LOPER, DANIEL**#652995****04/12/2018****PAGE 2**

Pain is worse with standing, bending, lifting, and running, and typically is about a level of 5-6/10 and at its worst goes up to a level of 8-9/10.

5. Lacerated spleen, 2006. Hospitalized in Jacksonville, managed nonoperatively. He now reports shooting pains in the area of his spleen associated with drinking lots of liquids and with eating certain foods.
6. Left wrist. Injured in 2007 while with the Titans, he understood that he had "torn ligaments." He wore a protective cast the entire season. The left wrist now grinds and hurts with activities.
7. Right knee. He reports several injuries to the knee including an injury to the medial collateral ligament, treated nonoperatively. He says he has experienced the knee "popping out" laterally when he gets out of a car. The knee is uncomfortable and feels loose, but does not stop his normal ADLs. He reports that he had a "burst bursa sac" with Oakland in 2011.
8. Left leg compartment syndrome in 2008 with the Titans. He was running during the off season and was diagnosed with compartment syndrome requiring a surgical decompression in Nashville. He was able to return to play. The leg still has some tenderness at the surgical scar.
9. Several broken fingers. He reports that the fingers were taped and he continued playing, did not require any surgeries. He now reports that he has lost some motion in his fingers and has possible trigger finger symptoms.

SOCIAL/WORK HISTORY: He did graduate from Texas Tech with a degree in exercise and sports science. He is currently self-employed owning a construction company.

CURRENT MEDICATIONS RELATED TO INJURIES: None.

PAST MEDICAL HISTORY: A comprehensive history sheet is reviewed with him. It reflects good general health, no major medical illnesses. He does give a history of migraine headaches and memory lapse or loss.

REVIEW OF OUTSIDE RECORDS: Thirty-two pages.

There are no NFL medical records in his folder; the only records are a report of an "Advanced Physician's" evaluation from a chiropractor, Lawrence Chan, dated 08/29/2017. It included MRIs of his cervical spine, lumbar spine, right shoulder, left shoulder, left knee, right ankle, and left ankle.

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**DL-00281**

E-Ballot - 4/26/2018



PEACHTREE ORTHOPEDICS

LOPER, DANIEL

#652995

04/12/2018

PAGE 3

The MRI report from the right shoulder dated 08/29/2017 reflected a radiology report of labral fraying and tears anteriorly and posteriorly, posterior subluxation of the humeral head, chondral degeneration in the humeral head and glenoid, and moderate AC arthrosis.

An MRI of his left shoulder of the same date indicated partial detachment of the posterior labrum, fraying of the anterior labrum, severe AC arthrosis, posterior subluxation of the humeral head, flattening of the posterior glenoid, and degenerative signal changes in the humeral head.

He brought by hand a neurology office visit and electrodiagnostic studies from a Dr. Garrison Strickland in Nashville, Tennessee, dated 04/10/2018. The report reflects findings of bilateral carpal tunnel syndrome, mild on the right, severe on the left. There was no evidence of cervical or lumbar radiculopathy on the electrodiagnostic studies.

PHYSICAL EXAMINATION: He presents as a well-developed, well-nourished male in no acute distress. He is alert and oriented, pleasant and cooperative throughout the exam.

He appears to be his stated height of 6 feet 6-1/2 inches and weight of 346 pounds. He stands with a normal posture and walks with a normal gait, including heel walk and toe walk.

On examination of the cervical, thoracic, and lumbar spine, there is no swelling, erythema, or deformity on inspection. On palpation, he reports some tenderness in the right upper trapezius musculature and some tenderness in the right posterosuperior iliac spine area, but there are no objective findings on palpation. He demonstrates a good range of motion of the cervical spine.

On examination of his upper extremities for evidence of radiculopathy and myelopathy, he has normal findings including reflex, motor, and sensory exams. He makes a good and credible effort on manual muscle testing and reports normal finger sensation today. There is no observable thenar atrophy and I do not see any clinical evidence of radiculopathy or myelopathy on exam today.

Likewise, his reflex, motor, sensory, and straight leg raise exams in his lower extremities are normal with no clear findings of radiculopathy or myelopathy.

Both shoulders are well aligned with normal bony and musculature contours on inspection. On palpation, there is no localized tenderness and I cannot demonstrate any shoulder instability with ranging his shoulders, although he has a good full range of motion both passively and actively of both shoulders, shoulder exams are clinically unremarkable today.

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DL-00282

E-Ballot - 4/26/2018



PEACHTREE ORTHOPEDICS

LOPER, DANIEL**#652995****04/12/2018****PAGE 4**

Both elbows are well aligned and normal on inspection, palpation, and ranging.

Both wrists are also well aligned and without deformity. There is no deformity specifically on the left wrist, and both wrists exhibit a normal range of flexible motion.

Both hands are well aligned with good functional active range of motion. He has a mild PIP flexion contracture of the left long finger.

Both hips show normal range of motion without discomfort.

Both knees are well aligned and not swollen, normal range of motion, no palpable effusion in either knee. Both knees are stable to stress in all directions.

There is a healed fasciotomy incision on the left anterolateral leg which is not swollen and nontender.

His left ankle has a surgical scar posterior to the lateral malleolus. Both ankles are well aligned with normal bimalleolar contours and good flexibility.

Both feet are well aligned without structural deformity, both 1st metatarsophalangeal joints are supple.

RADIOGRAPHIC INTERPRETATION: AP and lateral x-rays of both shoulders show normal glenohumeral alignment, no significant degenerative changes radiographically either at the glenohumeral joint or at the acromioclavicular joint.

X-rays of the left wrist show normal alignment with no apparent intercarpal instability or fracture deformity.

AP, lateral, and skyline x-rays of the right knee show a small focus of ossification in the proximal medial collateral ligament at the proximal medial femoral condyle consistent with mild Pellegrini-Stieda ossification consistent with a MCL injury.

AP and lateral x-rays of the cervical spine are well aligned and appear stable. He has some narrowing in the intervertebral disk space at C6-C7 and very mild early narrowing at C4-5 and C5-6.

X-rays of the lumbar spine are well aligned and appear stable, no significant degenerative changes, no apparent spondylolysis or spondylolisthesis.

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**DL-00283**

E-Ballot - 4/26/2018



PEACHTREE ORTHOPEDICS

LOPER, DANIEL

#652995

04/12/2018

PAGE 5

IMPRESSION:

1. Left shoulder, labral tears with posterior humeral head subluxation, instability, MRI documented.
2. Right shoulder, labral tears, posterior humeral head subluxation, instability, MRI documented.
3. Neck pain, degenerative disk disease cervical spine.
4. Low back pain, no clear structural injury to lumbar spine.
5. Left wrist, status post sprained ligament by history, no clear structural injury or wrist instability.
6. Right knee pain, status post medial collateral ligament injury, nonoperative management.
7. Left leg compartment syndrome, status post surgical decompression.
8. Spleen laceration, by history.
9. Mild PIP flexion contracture, left ring finger.
10. Carpal tunnel syndrome, bilateral, confirmed on nerve conduction studies.

H. Herndon Murray, M.D.
Orthopedic Surgeon
Peachtree Orthopedic Clinic
Atlanta, Georgia 30342

IHHM/wz960cl
RPT#241611

Proud Partners



DL-00284

DALLAS COWBOYS FOOTBALL CLUB, LTD HEALTH HISTORY QUESTIONNAIRE

Name: DANIEL LOPEZ Date: 10/18/11
 Social Security # [REDACTED] Birth Date: [REDACTED] Age: 29
 Marital Status: MARRIED Wife's Name: JENNIFER
 Children/Ages SAVANNAH 2 y. KINGSTON 8 wks.
 Person to Notify in an Emergency JENNIFER LOPEZ Phone: [REDACTED]
 College Football Experience: School TEXAS TECH Years: 2000-04
 Pro Football Experience (Team & Years) TITANS 4 y. / LIONS 1 y. / RAIDERS 1 y.
 Position: OL Height: 6'2" Usual Weight 325 lbs.

INSTRUCTIONS

- THIS FORM IS FOR YOUR BENEFIT. YOU MUST DISCLOSE ALL INJURIES OR ILLNESSES WHETHER YOU CONSIDER THEM TO BE SERIOUS OR NOT.
- FILL IN THE FORM BY CHECKING THE APPROPRIATE RESPONSE OR FILL IN THE BLANKS.
- EVERY NUMBERED ITEM CHECK "YES" SHOULD BE FULLY EXPLAINED ON THE LAST PAGE OF THIS FORM. INCLUDE ALL DATES, PROCEDRES, SURGERIES, HOSPITALIZATIONS AND PHYSICIANS.

HAVE YOU EVER HAD OR DO YOU HAVE NOW?

Check each item	Yes	No		Yes	No
A. CHEST/HEART			D. GI continued		
1 Chest Pain	✓		8 Colitis		✓
2 Heart Trouble		✓	9 Rectal Bleeding		✓
3 Palpitations			10 Hemorrhoids		✓
4 Irregular Heart Beats			11 Liver Problems		✓
5 Very Fast Heart Beat			12 Hepatitis		✓
6 Abnormal (EKG) Electrocardiogram			13 Abnormal Liver Tests		✓
7 Other Tests for Heart			14 Pancreas Problems (Pancreatitis)		✓
8 High Blood Pressure			15 Gallstones		✓
9 Shortness of Breath			16 Spleen Problem	✓	✓
10 Pleurisy			17 Kidney Problem		✓
11 Bronchitis			18 Bruised Kidney		✓
12 Pneumonia			19 Blood in the Urine		✓
13 Coughing up Blood			20 Kidney Stones		✓
B. HEAD			21 Urine Infection		✓
1 Nose Bleed	✓		22 Absent or Undescended Testicle		✓
2 Hay Fever		✓	23 Swelling of Testicle		✓
3 Asthma	✓		24 Prostate Infection or Trouble		✓
4 Frequent Sore Throats		✓	E. GENERAL		
5 Tonsillitis			1 Skin Problems		✓
6 Strept Throat Infection			2 Bruise Easily		✓
7 Infectious Mono			3 Venereal Disease		✓
8 Tooth or Gum Problems			4 Excessive Drinking Habit		✓
9 Sinus Infections			5 Used Stimulants or Amphetamines		✓
10 Epilepsy, Fits, Convulsions or Seizures			6 Any Drug Habits		✓
11 Frequent Headaches			7 Used Weight Reducing or Water Pills		✓
12 Dizziness or Fainting Spells			8 Used Anabolic Steroids		✓
13 Black Out Spells			9 Used Sedatives or Tranquillizers		✓
14 Head Injury or Concussion	✓		10 Tumor, Growth, Cyst or Cancer		✓
15 Loss of Memory or Amnesia		✓	11 Any Type of Rupture (Hernia)		✓
C. ENT			12 Gout		✓
1 Worn Glasses		✓	13 Aids		✓
2 Worn Contact Lenses			14 Diabetes		✓
3 Any Other Visual or Eye Problem			15 Fall Asleep Easily		✓
4 Hearing Difficulty			16 Thyroid Problems		✓
5 Worn a Hearing Aid			17 Malaria		✓
6 Any Other Ear Problem			18 Easy or Frequent Muscle Cramping		✓
7 Wear False Teeth or Bridge			19 Heat Intolerance		✓
8 Bleed Excessively after Tooth Extraction			20 Tobacco Use (Smoke or Dip)	✓	✓
D. GI			21 Dehydration		✓
1 Frequent Heart Burn or Indigestion		✓	22 Been Denied Life Insurance		✓
2 Ailsickness			23 Family History of: Diabetes		✓
3 Nausea or Vomiting			High Blood Pressure		✓
4 Vomitted Blood			Tuberculosis		✓
5 Gastric or Peptic Ulcer			Heart Trouble		✓
6 Frequent Diarrhea with or without Blood			27 Staples, Screws, Wires or Pins	✓	✓
7 Stomach Pain			28 Hospitalized for any Medical Problems	✓	✓

DL-00285

E-Filed 03/04/2021

03/20/2021 JJC Med Page 46

F. GENERAL

- 1 Last Tetanus Shot (approximate) YRS.
- 2 Allergy or Allergic Reaction to any medication and or food (Penicillin, fish, etc) N/A
- 3 Taken any over the counter or prescription medications during the past three (3) months N/A
- 4 Ever had a complete medical examination? If so when, PHYSICALS
- 5 Ever had any surgery (operation)? If so what type? (R) ANKLE '94 (L) LOWER LEG IMPAIRMENT SYNDROME '08
- 6 Please circle if you have had any of these childhood illnesses: MUMPS CHICKEN POX MEASLES
- 7 Ever had any illness, surgery or injury other than those you noted and listed in the MEDICAL or ORTHOPEDIC Questionnaires?
LACERATED SPLEEN '06

ORTHOPEDIC HISTORY QUESTIONNAIRE

HAVE YOU EVER INJURED OR CONSULTED A DOCTOR ABOUT ANY INJURY TO THE:

Check each item	Yes		No		Yes		No	
	L	R	L	R	L	R	L	R
100. HEAD								
a. Unconscious			✓					
b. Dazed				✓				
c. Knocked Out				✓				
d. Headaches	✓			✓				
e. Operations				✓				
f. Hospitalized	✓			✓				
g. Missed Practice	✓			✓				
h. Missed Games				✓				
i. X-rays, CT, MRI				✓				
j. Pains				✓				
k. Other				✓				
l. Fractures				✓				
101. NECK								
a. Stretches			✓	✓				
b. Pinches		✓		✓				
c. Fractures				✓				
d. Dislocations				✓				
e. Sprain/Strain				✓				
f. Burners		✓		✓				
g. Disk Injury				✓				
h. Injections				✓				
i. X-rays, CT, MRI				✓				
j. Operations				✓				
k. Pains				✓				
l. Missed Practice		✓		✓				
m. Missed Games				✓				
n. Other				✓				
102. UPPER BACK								
a. Sprain/Strain			✓	✓				
b. Nerve pinches				✓				
c. Disk Injury				✓				
d. Fractures				✓				
e. Operations				✓				
f. Hospitalized				✓				
g. Pains				✓				
h. Injections				✓				
i. Fractured Ribs				✓				
j. Missed Practice				✓				
k. Missed Games				✓				
l. Other				✓				
103. LOWER BACK								
a. Sprain/Strain		✓	✓	✓				
b. Nerve pinches		✓	✓	✓				
c. Disk Injury		✓	✓	✓				
d. Fractures		✓	✓	✓				
e. Operations		✓	✓	✓				
f. Hospitalized		✓	✓	✓				
g. Pains		✓	✓	✓				
h. Injections		✓	✓	✓				
i. Referred pain		✓	✓	✓				
j. Missed Practice		✓	✓	✓				
k. Missed Games		✓	✓	✓				
l. Bruise		✓	✓	✓				
104. SHOULDER								
a. A-C Separations							✓	✓
b. Dislocation							✓	✓
c. Partial Dislocate							✓	✓
d. Tendonitis							✓	✓
e. Bursitis							✓	✓
f. Injections							✓	✓
g. Sprain/Strain							✓	✓
h. Operations							✓	✓
i. Pains							✓	✓
j. Missed Practice							✓	✓
k. Missed Games							✓	✓
l. Bruise							✓	✓
105. ARMS								
a. Fractures							✓	✓
b. Calcium Deposit							✓	✓
c. Injections							✓	✓
d. Operations							✓	✓
e. Missed Practice							✓	✓
f. Missed Games							✓	✓
g. Pains							✓	✓
h. Casted							✓	✓
i. Bruise							✓	✓
j. Other							✓	✓
106. ELBOWS								
a. Sprain/Strain							✓	✓
b. Pains							✓	✓
c. Fractures							✓	✓
d. Dislocation							✓	✓
e. Tendonitis							✓	✓
f. Injections							✓	✓
g. Casted							✓	✓
h. Operations							✓	✓
i. Missed Practice							✓	✓
j. Missed Games							✓	✓
k. Bursitis							✓	✓
l. Other							✓	✓
107. WRISTS								
a. Sprain/Strain							✓	✓
b. Pains							✓	✓
c. Fractures							✓	✓
d. Dislocation							✓	✓
e. Tendonitis							✓	✓
f. Injections							✓	✓
g. Casted							✓	✓
h. Operations							✓	✓
i. Missed Practice							✓	✓
j. Missed Games							✓	✓
k. Other							✓	✓

DL-00286

LOPER, Daniel

August 22, 2005 – Practice

Daniel Loper's right shoulder is starting to bother him more and more. He has full range of motion of his shoulder but it's painful with abduction and painful with extreme external rotation and pain with overhead movement. He's very tender over his AC joint and he has a lot of symptoms in this area. It hurts when he brings it across. He has got pretty good strength in his supraspinatus and infraspinatus and the subscap is doing great and he's really not having signs of shoulder instability, it's just overhead.

It seems like he has really inflamed his AC joint and getting a little secondary impingement. We'll get him back on some anti-inflammatories. He doesn't remember hitting anything but I'm sure playing at this level he certainly takes some licks to it.

Recheck him in the morning and just see if his AC joint is calming down. I may get him using some ketoprofen on the shoulder and see if this will help take the soreness out. He'll avoid doing any overhead activities presently and work with his elbow at his side.

Burton F. Elrod, M.D.
T-30/August/05-mm

DL-00288

Player Treatment History

106687

LOPER, DANIEL

9862

Right CLAVICLE A-C CONTUSION

Opened: 8/23/2005

Returned: 8/23/2005

Closed: 8/28/2005

Current Status

Player Cleared for full activity

Team Episode Closed

League Not Reported

OSHA Req: Yes

OSHA Status Returned to normal work

Activity Coll w/person in bounds

During Practice A.M.

During Game

During Day

Temperature

Climate

Surface

Surface Cond

HAS BEEN C/O OF R AC JOINT SORENESS FOR 2 OR 3 DAYS. STARTED FEELING IT SAT AFTER THE GAME ON FRIDAY. SORE ON THE AC JOINT AND DISTAL CLAVICLE. FULL ROM BUT DOES HAVE PAINFUL ARC, NORMAL RC STRENGTH. HAS HX OF SUB SCAP TEAR 2 WEEKS AGO

8/23/2005 KAPLAN

Injured During Practice

Not Reported

ELROD

Injured During Practice

Returned to normal work

Qty	Procedure
1	ICE PACK
1	HYDROCOLLATOR
1	ELECTRICAL STIM
1	EXERCISE

8/23/2005 MOSELEY

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

UBE, STRETCH

8/24/2005

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
2	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
3	ICE PACK
1	LASER

STILL VERY SORE ON AC JOINT, PAIN WITH MOVEMENTS ABOVE 90 DEGREES, PAIN WITH HZ ADDUCTION, MILD STRENGTH LOSS IN ABD AND FLEX.

UBE, DUMBBELL ROUTINE, BANDS INT & EXT ROTATION

8/25/2005 MOSELEY

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

STILL POINT TENDER ON AC, BUT DECREASED, NORMAL ROM, INCREASED STRENGTH.

UBE, STRETCH

Player Treatment History

106687

LOPER, DANIEL

8/26/2005 BROWN

Cleared for full activity
Full Play in GameNot Reported
Returned to normal work

Qty	Procedure
1	ICE PACK

PLAYED FULL IN GAME, NO RES REPORTED POST GAME,

8/27/2005 MOSELEY

Treatment, rehab, & cond
Treat Only Day/OffNot Reported
Returned to normal work

Qty	Procedure
1	ICE PACK

FELT FINE IN GAME, DID NOT WEAR HARNESS AND DID NOT HAVE ANY PROBLEMS IN GAME.

8/28/2005 BROWN

Cleared for full activity
Episode ClosedNot Reported
Returned to normal work

Qty	Procedure
1	ICE PACK

NO TREATMENT OTHER THEN ICE WILL END EPSIDOE AT THIS TIME.

Date	Medication	Description	Trainer
8/23/2005	30	Naprosyn tablet 500 mg	EL
8/26/2005	1	Toradol oral anti inflam	EL

DL-00290

TENNESSEE TITANS HEALTH HISTORY

NAME Daniel Lopez SS# [REDACTED] DATE 6/20/07

1. This form is for your benefit; you must describe all injuries or problems whether you consider it to have been serious or minor.
2. Every number checked "yes" should be fully explained on the back of this form, dates, procedures, hospitalizations, and doctor's names are very important.

HAVE YOU EVER HAD OR DO YOU NOW HAVE?

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
1. Scarlet Fever, Erysipelas?			24. Rupture or Hernia?		
2. Diphtheria?			25. Appendicitis?		
3. Rheumatic Fever?			26. Piles or Rectal Disease?		
4. Heart Murmur?			27. Frequent or Painful Urination?		
5. Heart Trouble?			28. Kidney Stone, Bloody Urine?		
6. High or Low Blood Pressure?			29. Skin Trouble?		
7. Mumps?			30. Venereal Disease?		
8. Whooping Cough?			31. Bone, Joint, or Other Deformity?		
9. Measles?			32. Any Reaction to Serum, Drug, or Medicine		
10. Frequent or Severe Headaches/Migraine?			33. Epilepsy or Fits?		
11. Dizziness or Fainting Spells?			34. Car, Train, Sea, Air Sickness?		
12. Eye, Ear, Nose or Throat Trouble?			35. Depression or Excessive Worry?		
13. Severe Tooth or Gum Trouble?			36. Loss of Memory or Amnesia?		
14. Sinusitis?			37. Any Drug or Narcotic Habit?		
15. Hay Fever?			38. Infectious Mononucleosis or Glandular Fever?		
16. Tuberculosis?			39. Gout?		
17. Asthma?			40. Diabetes?		
18. Chronic Cough?			41. Tonsillitis?		
19. Frequent Indigestion or Frequent Diarrhea?			42. Pneumonia?		
20. Stomach, liver, Intestinal Trouble (Ulcer)?			43. Frequent Sore Throats?		
21. Gall Bladder Trouble, Gallstone?			44. Frequent Respiratory Infections?		
22. Excessive Drinking Habit?			45. Malaria?		
23. Tumor, Growth, Cyst, Cancer?			46. Hepatitis?		

HAVE YOU EVER SUSTAINED INJURY TO THE FOLLOWING:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
47. Head (Concussion)?	✓		57. Right Wrist?	✓		67. Left Thigh (Groin)?		✓
48. Neck?	✓		58. Left Wrist?	✓		68. Right Knee?		✓
49. Right Shoulder?	✓		59. Right Hand (Fingers)?	✓		69. Left Knee?	✓	
50. Left Shoulder?	✓		60. Left Hand (Fingers)?	✓		70. Right Ankle?	✓	
51. Right Upper Arm?		✓	61. Back: b. Thoracic (Middle)?		✓	71. Left Ankle?		✓
52. Left Upper Arm?		✓	62. Back: b. Lumbar (Low)?		✓	72. Left Foot? (Toes)?		✓
53. Right Elbow?		✓	63. Right Hip?		✓	73. Right Lower Leg?		✓
54. Left Elbow?		✓	64. Left Hip?		✓	74. Left Lower Leg?		✓
55. Right Forearm?		✓	65. Abdominal Area?	✓		75. Right Foot? (Toes)?		✓
56. Left Forearm?		✓	66. Right Thigh (Groin)?		✓			

HAVE YOU EVER:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
76. Worn Glasses or Contact Lens?		✓	82. Been Rejected for Military Service Because of Physical, Mental, or Other Reasons?		✓
77. Worn an Artificial Eye?		✓	83. Been Discharged from Military Service Because of Physical, Mental, or Other Reasons?		✓
78. Worn Hearing Aids?		✓	84. Applied for or Collected Workman's Compensation?		✓
79. Coughed Up Blood?		✓	85. Entered Litigation or Claim Damage Because of Injury to or Effect on your Health?		✓
80. Bleed Excessively After Tooth Extraction?		✓	86. Been Advised to have Any Operations?		✓
81. Been Denied Life Insurance?		✓	87. Had any Illness or Injury other than those Noted in This Report.		✓

I certify that I have made full and complete written disclosure of all past and present injuries or problems as required by paragraph 8 of any NFL Player's contracts, and as required by this and other medical forms of the club.

Date 6/20/07 Signature [Signature]

E-Entry 01/07/2021

03/20/2025 CC Med Page 52

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Episode # 12334

Thu 26-Feb-2009 14:55 Page 1

Date	Days Elapsed	Activity	Description
Thu 27-Nov-2008	0	Injury/Illness	L SHOULDER CONTUSION EPISODE: 12334 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
		Treatments	1 ICE PACK 1 DR. ELROD
		Team Status	INJURED DURING GAME
		Activity	INJURED DURING GAME
		Trainer's Notes	GAME, 2ND Q, KO RETURN, 1 MIN. BLOCKING AND HAD ARM OUT AND GOT HIT ON THE TOP OF HIS SHOULDER. HE WAS EVALUATED AT HALF TME DR. ELROD, HIS SUPRASPINATUS WAS WEAK, HE FLE THE COULD PLAY AND RETUNDER TO PLAY THE REST OF THE GAME POST GAME, STLL SORE SUPRISPANATUS,
		Doctor's Notes	<p>GAME WITH DETROIT LIONS: DURING THE GAME, DANIEL LOPER WAS HIT ON A KICKOFF ON HIS SHOULDER. HE CAME OUT, I CHECKED HIM. HE WAS SORE OVER HIS AC JOINT, ANTERIOR CAPSULE AND ACROMION AND HE COULDN'T GET HIS MOVEMENT. HE HAD SOME WEAKNESS AND PAIN WITH INFRASPINATUS AND SUPRASPINATUS CONTRACTION. HIS STABILITY APPEARED TODAY. HE SAID HE COULD PLAY FINE. WE CHECKED HIM AFTER THE GAME. HE HAD A FULL RANGE OF MOTION. APPREHENSION AND RELOCATION WERE OKAY. HE WAS TENDER OVER HIS GREATER TUBEROSITY, OVER HIS ACROMION AND HIS DELTOID. I COULD NOT GET ANY INSTABILITY, NO WINGING OF THE SCAPULA AND THE SUPRASPINATUS WAS WEAK COMPARED TO HIS INFRASPINATUS AND SUBSCAP.</p> <p>SO WE HAD HIM COME IN THIS MORNING TO CHECK HIM. HE HAS A FULL RANGE OF MOTION. HE HAS NO TENDERNESS OVER HIS ANTERIOR OR POSTERIOR GLENOID. HIS APPREHENSION AND RELOCATION ARE OKAY. HE'S TENDER OVER HIS AC JOINT AND A LITTLE TENDER OVER HIS DELTOID AND OVER HIS ACROMION. HIS ANTERIOR, POSTERIOR AND MIDDLE DELTOIDS ARE OKAY. THERE IS NO WINGING OF HIS SCAPULA. THE SUPRASPINATUS IS GOOD THIS MORNING. INFRASPINATUS AND SUBSCAP ARE OKAY. HE FEELS GOOD ENOUGH, I THINK WE'RE JUST GOING TO TREAT HIM SYMPTOMATICALLY AND NOT DO ANY X-RAYS ON HIM. I THINK THIS IS GOING TO RECOVER. HE FEELS MUCH BETTER.</p>
BURTON F. ELROD, M.D.			
Fri 28-Nov-2008	1	Trainer's Notes	MUCH BETTER TODAY NOT NEAR AS SORE. DR. ELROD LOOKED AT HIM IN THE TRAINING ROOM, HE WAS CONTRACTING MUCH BETTER IN THE SUPRISPANATUS, TENDERNESS HAD DEC. HIS MOTION WAS GOOD.
Sat 29-Nov-2008	2	Team Status	TREATMENT ONLY DAY/OFF
		Activity	NO TREATMENT
		Trainer's Notes	DNRT
Sun 30-Nov-2008	3	Activity	NO TREATMENT
Tue 02-Dec-2008	5	Team Status	FULL PRACTICE/SHORTS
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	BB- DNRT, CAME THROUGH AND SAID THAT THE SHOULDER WAS STILL A LITTLE SORE BUT OK, EXAM HE CONTINEUS TO HAVE MILD PT ON THE AC JOINT AND TODAY HAS MILD STRENGTH LOSS IN FF, BUT NOT ANY OTHER MOTION. HE DID NOT COME IN FOR ANY TREATMENT, WENT TO THE WT ROOM, AND LIFTED.
Wed 03-Dec-2008	6	Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	GK FULL GO
Mon 08-Dec-2008	11	Activity	CLEARED FOR FULL ACTIVITY

DL-00292

E-Entry 01/07/2021

03/20/2025 CC Med Page 33

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Episode # 12334

Thu 26-Feb-2009 14:55 Page 2

Date	Days Elapsed	Activity	Description
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DL-00293

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Clavicle, musculo-skeletal

Onset: 8/20/2011 Return: 9/03/2011

Daniel took a blow to his left Clavicle near the A/C joint. He was able to finish his plays. He was evaluated by Dr. King and had xrays in the lockroom which were negative.
BST

<u>Seen</u>	<u>Details</u>	<u>Seen by</u>	<u>Location</u>	<u>Participation Status</u>
08/20/11 07:45 pm		TOUCHET, SCOTT	TRAINING ROOM-TRAVEL	FULL PARTICIPATION
08/24/11 01:35 pm	BIOWAVE HOT PACK: 10 MIN ULTRASOUND: 5 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION

10/19/2011 10:15 am

Page 12

DL-00294

Injury/Illness Report

LOPER, DANIEL

Lumbar Facet Syndrome

General

Side of body injured:	Left	Reinjury:	No	Closed:	8/18/2011
Clinical Impressions:	Lumbar Facet Syndrome				
Injury occurred on team:	The Oakland Raiders				
Onset of injury:	8/13/2011	Days missed:	1		
Removed from participation:	8/15/2011	Games missed:	0		
Return to full participation:	8/17/2011	Practices missed:	0		
Description of onset:	Daniel said he originally hurt his lower back the same day he hurt his knee during practice. He reported to the training room in the morning c/o left low back pain w/ ext and side bending. Point tenderness lat. to SP's. He was unable to finish practice in the afternoon. Dr. Strudwick eval'd. CC				
Primary mechanism:	Indirect Force	Nature of injury:	SUBACUTE INJURY: Gradual Onset		

Onset Details

Team activity:	<Other> [20]: PRAC/Skill Training		
Athlete's position:	OFFENSIVE LINE: OFF-Guard	Team's action:	PRACTICE/CONTACT
Athlete's action:	OTHER/NO CONTACT: Sprinting/Running	Activity segment:	2nd Quart/ 1/4 Pract
Protective device:	Customary Uniform		

Initial Response

Tests:	CLINICAL EXAM, Palpation Exams, Flexibility Tests	Management:	THERAPEUTIC MODALITY
Seen by:	CORTEZ, CHRIS	Action taken:	NOT HOSPITALIZED
Referred to:	STRUDWICK, DR. WARREN		
Response notes:			

Initial Assessment

Strength:	Swelling:
Range of motion:	Pain:
Stability:	Functional level: 0 %
Assessment notes:	

10/19/2011 10:17 am

Page 1

DL-00295

Injury/Illness Report

LOPER, DANIEL

*Lumbar Facet Syndrome***General**

Side of body injured:	Left	Reinjury:	No	Closed:	8/18/2011
Clinical impressions:	Lumbar Facet Syndrome				
Injury occurred on team:	The Oakland Raiders				
Onset of injury:	8/13/2011	Days missed:	1		
Removed from participation:	8/15/2011	Games missed:	0		
Return to full participation:	8/17/2011	Practices missed:	0		
Description of onset:	Daniel said he originally hurt his lower back the same day he hurt his knee during practice. He reported to the training room in the morning c/o left low back pain w/ ext and side bending. Point tenderness lat. to SP's. He was unable to finish practice in the afternoon. Dr. Strudwick eval'd. CC				
Primary mechanism:	Indirect Force	Nature of injury:	SUBACUTE INJURY: Gradual Onset		

Onset Details

Team activity:	<Other> [20]: PRAC/Skill Training				
Athlete's position:	OFFENSIVE LINE: OFF-Guard	Team's action:	PRACTICE/CONTACT		
Athlete's action:	OTHER/NO CONTACT: Sprinting/Running	Activity segment:	2nd Quart/ 1/4 Pract		
Protective device:	Customary Uniform				

Initial Response

Tests:	CLINICAL EXAM, Palpation Exams, Flexibility Tests	Management:	THERAPEUTIC MODALITY	
Seen by:	CORTEZ, CHRIS	Action taken:	NOT HOSPITALIZED	
Referred to:	STRUDWICK, DR. WARREN			
Response notes:				

Initial Assessment

Strength:	Swelling:
Range of motion:	Pain:
Stability:	Functional level: 0 %
Assessment notes:	

DL-00296

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Lumbar Facet Syndrome

Onset: 8/13/2011 Return: 8/17/2011

Daniel said he originally hurt his lower back the same day he hurt his knee during practice. He reported to the training room in the morning c/o left low back pain w/ ext and side bending. Point tenderness lat. to SP's. He was unable to finish practice in the afternoon. Dr. Strudwick eval'd. CC

<u>Seen</u>	<u>Details</u>	<u>Seen by</u>	<u>Location</u>	<u>Participation Status</u>
08/15/11 07:00 am	BIOWAVE	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/15/11 11:00 am	DIATHERMY: 20 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/15/11 01:15 pm	HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/15/11 05:35 pm	BIOWAVE HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/16/11 08:00 am	ATM BACK MACHINE BIOWAVE DIATHERMY: 20 MIN HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/16/11 01:39 pm	DIATHERMY: 20 MIN HOT WHIRLPOOL: 10 MIN STRETCH	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/17/11 07:00 am	ATM BACK MACHINE COMBO: 5 MIN DIATHERMY: 20 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/17/11 05:50 pm	COLD WHIRLPOOL: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/18/11 07:05 am	DIATHERMY: 20 MIN HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/18/11 01:00 pm	ATM BACK MACHINE BIOWAVE HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/19/11 07:40 am	DIATHERMY: 20 MIN HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/19/11 04:20 pm	MASSAGE	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION

10/19/2011 10:15 am

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DL-00297

Aug 09 2018 02:38PM Elite Sports 6153420216

page 2

DBM - 2/14/2019

[History and Physical] [Daniel Loper] [285811]

[Date Printed: 8/9/2018] Page 1 of 1

History and Physical

Patient Name: Daniel Loper
Patient ID: 285811
Sex: Male
Birthdate: [REDACTED]

Visit Date: April 11, 2018
Provider: Colin G. Crosby, MD
Location: Elite Sports Medicine & Ortho - Nashville
Location Address: 2004 Hayes St.
 Suite 200
 Nashville, TN 37203-2087
Location Phone: (615) 324-1600

Chief Complaint

- * Neck complaints
- * Back complaints

History Of Present Illness**PATIENT INFORMATION**

36 year old male who presents as a new patient. He has previously seen other providers at Elite.
 Occupation: self employed.

PAIN PRESENTATION

Presenting Symptoms: neck pain, low back pain, and.

* Refer to pain diagram for further details.

Method of Injury: sports injuries.

Symptom Onset: 6 years ago.

The symptoms are worsening and.

Current pain level: 5/10

Pain level at it's highest: 8/10

Pain Scale Reference: 0 (No pain) to 10 (unbearable pain).

MODIFYING FACTORS

Exacerbating Factors: bending, running, squatting, head movement, shoulder/arm movement, overhead activity.

Alleviating Factors: sitting, lying down, and.

RECENT INTERVENTIONS/PREVIOUS TREATMENT

Previous treatments include: anti-inflammatories and physical therapy. Helpful Treatments: None.

PREVIOUS TESTING/REVIEWED INFORMATION

Previous Testing: MRI(s) and Nerve Study. The MRI(s) is from within the last 6 months. The EMG/NCV is from within the last 6 months.

Past Medical History**Disease Name**

* None

Arthrosis of shoulder, unspecified laterality

Impingement syndrome of shoulder region,

unspecified laterality

Instability of shoulder joint, unspecified laterality

Date Onset

--

04/25/2018

04/25/2018

04/25/2018

Notes

- Phreesia 04/11/2018

--

--

--

Past Surgical History**Procedure Name**

Foot/Ankle Surgery

Other Surgical History

Date

--

--

Notes

- Phreesia 04/11/2018

LOWER LEG COMPARTMENT - Phreesia 04/11/2018

[Digital Signature Validated]

DL-00298

[History and Physical] [Daniel Loper] [285811]

[Date Printed:8/9/2018] Page 2 of 6

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--	- Phreesia 04/11/2018

Family Medical History

Disease Name	Relative/Age	Notes
*None Reported	/	- Phreesia 04/11/2018

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current some day	--/--	1-4 / week	- Phreesia 04/11/2018
College, 4-year	--	--/--	--	- Phreesia 04/11/2018
Employed- Full time	--	--/--	--	- Phreesia 04/11/2018
Married	--	--/--	--	- Phreesia 04/11/2018
Moderate Amount of Exercise (1-3 times weekly)	--	--/--	--	- Phreesia 04/11/2018
Tobacco	Never	--/--	--	- Phreesia 04/11/2018

Review of Systems

- Constitutional**
 - o Denies : fever, chills, night sweats
- Cardiovascular**
 - o Denies : chest pain, palpitations, edema/swelling
- Respiratory**
 - o Denies : shortness of breath
- Gastrointestinal**
 - o Denies : abdominal pain, bowel problems
- Genitourinary**
 - o Denies : urinary problems
- Integument**
 - o Denies : rashes, discolorations, malformations
- Neurologic**
 - o Denies : loss of sensation, numbness
- Musculoskeletal**
 - o Admits : See HPI & PE
- Endocrine**
 - o Denies : excessive weight gain or loss
- Heme-Lymph**
 - o Denies : bleeding or clotting disorders, swollen / painful lymph nodes
- Allergic-Immunologic**
 - o Denies : persistent or recurrent infections

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP (F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat
04/11/2018	04:24 PM									348lbs 0oz	6' 6.5"	39.7	2.96	

Physical Examination

- Cervical Spine/Neck**
 - o Inspection/Palpation :

[Digital Signature Validator]

Aug 09 2018 02:37 PM FILED:PORTS 0103420210
DBM - 2/14/2019

page 4

[History and Physical] [Daniel Loper] [285811]

[Date Printed:8/9/2018] Page 3 of 6

- **Inspection** : alignment appears normal
- **Skin** : no rash present
- **Palpation** : paraspinal muscles non-tender, no trigger points
- **Stability** : range of motion normal, presumed normal stability
- **Muscle Strength** : paraspinal muscle strength within normal limits
- **Muscle Bulk** : normal without atrophy
- **Cervical Spine Tests/Signs** : Spurling's test positive
- **Range of Motion** : Range of motion normal
- Right Upper Extremity**
 - **Shoulder** :
 - **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling present, no deformities present
 - **Range of Motion** : full range of motion without pain
 - **Strength** : deltoid strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Tests/Signs** : Impingement test negative, Hawkin's sign negative
 - **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+
 - **Sensation** : sensation normal to light touch in dermatomal pattern
 - **Vascular Exam** : no edema, radial artery pulse 2+
 - **Elbow** :
 - **Range of Motion** : full ROM
 - **Strength** : biceps strength 5/5, triceps strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Tests/Signs** : no pain with resisted wrist extension or flexion
 - **Forearm** : no tenderness to palpation
 - **Hand** :
 - **Inspection/Palpation** : no tenderness to palpation
 - **Range of Motion** : full ROM
 - **Strength** : Grip/Long Flexor strength 5/5, Interosseus strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Wrist** :
 - **Inspection/Palpation** : no tenderness
 - **Range of Motion** : full ROM
 - **Strength** : wrist extension strength 5/5
 - **Stability** : no joint instability on provocative testing
- Left Upper Extremity**
 - **Shoulder** :
 - **Range of Motion** : full active and passive ROM without pain
 - **Strength** : deltoid strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Tests/Signs** : Hawkin's sign negative, Neer's sign negative
 - **Elbow** :
 - **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling is present, no deformities noted
 - **Range of Motion** : full ROM
 - **Strength** : biceps strength 5/5, tricep 5/5
 - **Stability** : no joint instability on provocative testing
 - **Muscle Tone** : tone normal
 - **Muscle Bulk** : muscle bulk normal
 - **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+
 - **Sensation** : sensation normal to light touch in dermatomal pattern
 - **Vascular Exam** : no edema, radial artery pulse 2+
 - **Forearm** : no tenderness present
 - **Wrist** :
 - **Inspection/Palpation** : no tenderness
 - **Range of Motion** : full ROM
 - **Strength** : Wrist extensor strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Hand** :
 - **Inspection/Palpation** : no tenderness
 - **Range of Motion** : full ROM
 - **Strength** : Grip/long flexor strength 5/5, Interosseus strength 5/5

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DL-00300

[History and Physical] [Daniel Loper] [285811]

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- **Stability** : no joint instability on provocative testing

Thoracic Spine

- **Inspection** : no deformities present
- **Palpation** : nontender to palpation
- **Skin** : no lesions, rashes or scars
- **Thoracic Spine Range of Motion** : full ROM
- **Thoracic Spine Stability** : no spinal instability detected
- **Muscle Strength/Tone/Bulk** : paraspinal muscle strength within normal limits

Pelvis

- **Inspection/Palpation** : Sacroiliac joint non-tender to palpation, Greater trochanter non-tender to palpation
- **Skin** : no lesions, rashes or scars

Lumbosacral Spine

- **Inspection** : no lesions or deformities
- **Palpation** : paraspinal musculature is nontender to palpation
- **Stability** : range of motion normal suggesting normal stability
- **Muscle Strength** : paraspinal muscle strength within normal limits
- **Muscle Tone** : paraspinal muscle tone normal
- **Muscle Bulk** : no muscle atrophy
- **Tests/Signs** : seated straight leg raise test negative bilaterally
- **Range of Motion** : Range of motion normal

Gait and Station

- **Gait** : normal gait
- **Station** : station normal

Constitutional

- **Appearance** : well-developed, well-nourished, well-groomed, body habitus normal

Neurological/Psychiatric

- **Orientation** : oriented X 3
- **Mood and Affect** : mood normal, affect appropriate

Right Lower Extremity

- **Musculoskeletal Examination** : Inspection, palpation, stability, range of motion, and strength within normal limits unless noted below
- **Buttock** : no tenderness to palpation
- **Hip** :
 - **Range of Motion** : Full ROM without pain
 - **Stability** : no joint instability
- **Thigh** : no tenderness to palpation
- **Knee** :
 - **Inspection/Palpation** : no soft tissue swelling, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension
 - **Stability** : no valgus or varus instability present
 - **Strength** : Quadriceps strength 5/5
- **Lower Leg** : no tenderness lower leg
- **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Stability** : no joint instability on provocative testing
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
- **Foot** :
 - **Strength** : EHL strength 5/5
- **Muscle Tone** : tone normal
- **Muscle Bulk** : normal muscle bulk present
- **Sensation** : sensation normal in all dermatomes
- **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
- **Vascular Exam** : no edema, posterior tibial artery pulse 2+

Left Lower Extremity

- **Buttock** : no tenderness to palpation
- **Hip** :
 - **Range of Motion** : ROM full without pain
 - **Stability** : no joint instability
 - **Strength** : all muscles 5/5 strength

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DL-00301

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DBM - 2/14/2019

[History and Physical] [Daniel Loper] [285811]

[Date Printed:8/9/2018] Page 5 of 6

- **Palpation** : no tenderness, no palpable defects, no crepitus
 - **Thigh** : no tenderness to palpation
 - **Knee** :
 - **Inspection/Palpation** : no swelling present, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension
 - **Stability** : no valgus or varus instability present
 - **Strength** : Quadriceps strength 5/5
 - **Lower Leg** : no tenderness lower leg
 - **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
 - **Stability** : no joint instability on provocative testing
 - **Foot** :
 - **Strength** : EHL strength 5/5
 - **Muscle Tone** : tone normal
 - **Muscle Bulk** : normal muscle bulk present
 - **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
 - **Vascular Exam** : no edema, posterior tibial artery pulse 2+
 - **Sensation** : sensation normal in all dermatomes
- Skin and Subcutaneous Tissue**
- **Trunk** :
 - **Back** : no rashes present, no lesions present, no areas of discoloration

Assessment

- Pain- Cervical 723.1/M54.2
- Pain- Lumbar 724.2/M54.5
- Degenerative Disc Disease, Cervical 722.4/M50.30
- Degenerative Disc Disease, Lumbar 722.52/M51.36
- Radiculopathy of cervical region 723.4/M54.12
- Radiculopathy- Lumbar 724.4/M54.16

Plan

Orders

- Cervical Spine, 4V Flex/Ex (72050) - 723.1/M54.2 - 04/11/2018
- Lumbar Spine, 4V Flex/Ex (72110) - 724.2/M54.5 - 04/11/2018
- Pelvis AP (72170) - 724.2/M54.5 - 04/11/2018
- Cervical Intralaminar ESI w/ Fluoroscopy (62310) - 723.4/M54.12, 723.1/M54.2 - 04/11/2018
C6-7 WITH AMG
- PHYSICAL THERAPY ORDER (PT) - 722.4/M50.30, 722.52/M51.36, 723.4/M54.12, 724.4/M54.16 - 04/11/2018

Medications

- Mobic 15 mg oral tablet
SIG: take 1 tablet (15 mg) by oral route once daily with food.
DISP: (30) tablets with 2 refills
Prescribed on 04/11/2018
- Neurontin 300 mg oral capsule
SIG: take 1 capsule by oral route once a day (at bedtime) for 30 days
DISP: (30) capsules with 2 refills
Prescribed on 04/11/2018

Instructions

- RTC in 6 weeks with Dr. Crosby
- RTC 2 wks p ESI with Dr. Crosby
- The patient will contact me in the interim between now and their followup appt for any problems, questions, or concerns.

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DL-00302

[History and Physical] [Daniel Loper] [285811]

[Date Printed: 8/9/2018] Page 6 of 6

- o Medications were discussed with the patient. They agree to notify us with any issues. Pt stated they will utilize as prescribed (including not taking more than one anti-inflammatory concurrently) and d/c immediately if any adverse side effects appear. For narcotics, pt is aware that operating a vehicle of any sort is prohibited and dangerous.
- o PT eval & treat 1-3x/wk for 6 weeks: CERVICAL AND LUMBAR stabilization, modalities, core, HEP

He is a 35-year-old former NFL football player. He played from 2005-2012. Had persistent neck and low back pain. His neck pain radiates into his right arm was associated with numbness in bilateral hands. The numbness occurs in the radial distribution of the hand. Leg pain is bilateral worse with standing and better with lying down. He has had no treatment thus far.

Physical exam reveals positive Spurling sign on the cervical spine. Otherwise 5/5 strength sensation intact light touch negative straight leg raise testing.

radiograph show C6-7 degenerative disc disease with focal kyphosis with anterior osteophytes noted he has slight loss of cervical lordosis.

radiographs lumbar spine show L5-S1 degenerative disc disease without instability without evidence of fracture.

I reviewed MRI of his cervical spine which shows C6-7 broad-based disc osteophyte complex with right greater left neural foraminal stenosis.

MRI of his lumbar spine shows L5-S1 broad-based disc bulging and L4-5 broad-based disc bulging with right greater left neural foraminal stenosis and lateral recess stenosis.

We discussed options. I would like to treat his cervical spine with cervical epidural as well as physical therapy with traction. After get a cervical epidural like to perform and lumbar epidural steroid injection L5-S1. I believe he would do well with anti-inflammatories and gabapentin. I am going to refer him for treatment of his bilateral labral tears and treatment of bilateral carpal tunnel syndrome. EMG was also reviewed which showed evidence of severe carpal tunnel syndrome and overall peripheral neuropathy of mild degree in the lower extremities.

Electronically Signed by: Colin G. Crosby, MD -Author on May 24, 2018 11:15:43 AM

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DL-00303

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 1 of 6

Progress Note

Patient Name: Daniel Loper
Patient ID: 285811
Sex: Male
Birthdate: [REDACTED]

Visit Date: May 24, 2018
Provider: Colin G. Crosby, MD
Location: Elite Sports Medicine & Ortho - Nashville
Location Address: 2004 Hayes St
Suite 200
Nashville, TN 37203-2087
Location Phone: (615) 324-1600

Chief Complaint

- * Neck complaints
- * Back complaints

History Of Present Illness

Daniel Loper is here today for follow up evaluation. Refer to pain diagram.

Prior Visit Recommendations

At the patient's previous visit treatment recommendations included: Cervical Intralaminar ESI w/ Fluoroscopy and PHYSICAL THERAPY ORDER.

Severity

His prior pain level: 5/10 (0 being no pain-10 being the worst pain of their life)

His current pain level: 4/10 (0 being no pain- 10 being the worst pain of their life)

Patient Status

He reports symptoms have not changed.

Medications

He did not start any medications.

Past Medical History

Disease Name	Date Onset	Notes
* None	—	- Phreesia 04/11/2018
Arthrosis of shoulder, unspecified laterality	04/25/2018	—
Impingement syndrome of shoulder region, unspecified laterality	04/25/2018	—
Instability of shoulder joint, unspecified laterality	04/25/2018	—

Past Surgical History

Procedure Name	Date	Notes
Foot/Ankle Surgery	—	- Phreesia 04/11/2018
Other Surgical History	—	LOWER LEG COMPARTMENT - Phreesia 04/11/2018

Medication List

Name	Date Started	Instructions
Mobic 15 mg oral tablet	04/11/2018	take 1 tablet (15 mg) by oral route once daily with food.
Neurontin 300 mg oral capsule	04/11/2018	take 1 capsule by oral route once a day (at bedtime) for 30

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DL-00304

DBM - 2/14/2019
[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 2 of 6

days

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--	- Phreesia 04/11/2018

Family Medical History

Disease Name	Relative/Age	Notes
*None Reported	/	- Phreesia 04/11/2018

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current some day	--/--	1-4 / week	- Phreesia 04/11/2018
College, 4-year	--	--/--	--	- Phreesia 04/11/2018
Employed- Full time	--	--/--	--	- Phreesia 04/11/2018
Married	--	--/--	--	- Phreesia 04/11/2018
Moderate Amount of Exercise (1-3 times weekly)	--	--/--	--	- Phreesia 04/11/2018
Tobacco	Never	--/--	--	- Phreesia 04/11/2018

Review of Systems

Constitutional

- o Denies : fever, chills, night sweats

Cardiovascular

- o Denies : chest pain, palpitations, edema/swelling

Respiratory

- o Denies : shortness of breath

Gastrointestinal

- o Denies : abdominal pain, bowel problems

Genitourinary

- o Denies : urinary problems

Integument

- o Denies : rashes, discolorations, malformations

Neurologic

- o Denies : loss of sensation, numbness

Musculoskeletal

- o Admits : See HPI & PE

Endocrine

- o Denies : excessive weight gain or loss

Heme-Lymph

- o Denies : bleeding or clotting disorders, swollen / painful lymph nodes

Allergic-Immunologic

- o Denies : persistent or recurrent infections

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	PR	Temp(F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat
4/11/2018	04:24 PM									348	6' 6"	39.7	2.96	

Physical Examination

Constitutional

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DL-00305

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 3 of 6

o **Appearance** : well-developed, well-nourished, well-groomed, body habitus normal

Cervical Spine/Neck

o **Inspection/Palpation** :

- **Inspection** : alignment appears normal
- **Skin** : no rash present
- **Palpation** : paraspinal muscles non-tender, no trigger points

o **Range of Motion** : Range of motion normal

o **Stability** : range of motion normal, presumed normal stability

o **Muscle Strength** : paraspinal muscle strength within normal limits

o **Muscle Bulk** : normal without atrophy

o **Cervical Spine Tests/Signs** : Spurling's test positive

Right Upper Extremity

o **Shoulder** :

- **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling present, no deformities present
- **Range of Motion** : full range of motion without pain
- **Stability** : no joint instability on provocative testing
- **Strength** : deltoid strength 5/5
- **Tests/Signs** : Impingement test negative, Hawkin's sign negative

o **Elbow** :

- **Range of Motion** : full ROM
- **Strength** : biceps strength 5/5, triceps strength 5/5
- **Stability** : no joint instability on provocative testing
- **Tests/Signs** : no pain with resisted wrist extension or flexion

o **Forearm** : no tenderness to palpation

o **Wrist** :

- **Inspection/Palpation** : no tenderness
- **Range of Motion** : full ROM
- **Strength** : wrist extension strength 5/5
- **Stability** : no joint instability on provocative testing

o **Hand** :

- **Inspection/Palpation** : no tenderness to palpation
- **Range of Motion** : full ROM
- **Strength** : Grip/Long Flexor strength 5/5, Interosseus strength 5/5
- **Stability** : no joint instability on provocative testing

o **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+

o **Sensation** : sensation normal to light touch in dermatomal pattern

o **Vascular Exam** : no edema, radial artery pulse 2+

Left Upper Extremity

o **Shoulder** :

- **Range of Motion** : full active and passive ROM without pain
- **Stability** : no joint instability on provocative testing
- **Strength** : deltoid strength 5/5
- **Tests/Signs** : Hawkin's sign negative, Neer's sign negative

o **Elbow** :

- **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling is present, no deformities noted
- **Range of Motion** : full ROM
- **Strength** : biceps strength 5/5, tricep 5/5
- **Stability** : no joint instability on provocative testing

o **Forearm** : no tenderness present

o **Wrist** :

- **Inspection/Palpation** : no tenderness
- **Range of Motion** : full ROM
- **Strength** : Wrist extensor strength 5/5
- **Stability** : no joint instability on provocative testing

o **Hand** :

- **Inspection/Palpation** : no tenderness
- **Range of Motion** : full ROM
- **Strength** : Grip/long flexor strength 5/5, Interosseus strength 5/5
- **Stability** : no joint instability on provocative testing

o **Muscle Tone** : tone normal

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DL-00306

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 4 of 6

- **Muscle Bulk** : muscle bulk normal
- **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+
- **Sensation** : sensation normal to light touch in dermatomal pattern
- **Vascular Exam** : no edema, radial artery pulse 2+
- **Thoracic Spine**
 - **Inspection** : no deformities present
 - **Palpation** : nontender to palpation
 - **Skin** : no lesions, rashes or scars
 - **Thoracic Spine Range of Motion** : full ROM
 - **Thoracic Spine Stability** : no spinal instability detected
 - **Muscle Strength/Tone/Bulk** : paraspinal muscle strength within normal limits
- **Pelvis**
 - **Inspection/Palpation** : Sacroiliac joint non-tender to palpation, Greater trochanter non-tender to palpation
 - **Skin** : no lesions, rashes or scars
- **Lumbosacral Spine**
 - **Inspection** : no lesions or deformities
 - **Palpation** : paraspinal musculature is nontender to palpation
 - **Stability** : range of motion normal suggesting normal stability
 - **Range of Motion** : Range of motion normal
 - **Muscle Strength** : paraspinal muscle strength within normal limits
 - **Muscle Tone** : paraspinal muscle tone normal
 - **Muscle Bulk** : no muscle atrophy
 - **Tests/Signs** : seated straight leg raise test negative bilaterally
- **Right Lower Extremity**
 - **Musculoskeletal Examination** : Inspection, palpation, stability, range of motion, and strength within normal limits unless noted below
 - **Buttock** : no tenderness to palpation
 - **Hip** :
 - **Range of Motion** : Full ROM without pain
 - **Stability** : no joint instability
 - **Thigh** : no tenderness to palpation
 - **Knee** :
 - **Inspection/Palpation** : no soft tissue swelling, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension
 - **Stability** : no valgus or varus instability present
 - **Strength** : Quadriceps strength 5/5
 - **Lower Leg** : no tenderness lower leg
 - **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
 - **Stability** : no joint instability on provocative testing
 - **Foot** :
 - **Strength** : EHL strength 5/5
 - **Muscle Tone** : tone normal
 - **Muscle Bulk** : normal muscle bulk present
 - **Sensation** : sensation normal in all dermatomes
 - **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
 - **Vascular Exam** : no edema, posterior tibial artery pulse 2+
- **Left Lower Extremity**
 - **Buttock** : no tenderness to palpation
 - **Hip** :
 - **Palpation** : no tenderness, no palpable defects, no crepitus
 - **Range of Motion** : ROM full without pain
 - **Stability** : no joint instability
 - **Strength** : all muscles 5/5 strength
 - **Thigh** : no tenderness to palpation
 - **Knee** :
 - **Inspection/Palpation** : no swelling present, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension

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DL-00307

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 5 of 6

- **Stability** : no valgus or varus instability present
- **Strength** : Quadriceps strength 5/5
- **Lower Leg** : no tenderness lower leg
- **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
 - **Stability** : no joint instability on provocative testing
- **Foot** :
 - **Strength** : EHL strength 5/5
- **Muscle Tone** : tone normal
- **Muscle Bulk** : normal muscle bulk present
- **Sensation** : sensation normal in all dermatomes
- **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
- **Vascular Exam** : no edema, posterior tibial artery pulse 2+
- Gait and Station**
 - **Gait** : normal gait
 - **Station** : station normal
- Skin and Subcutaneous Tissue**
 - **Trunk** :
 - **Back** : no rashes present, no lesions present, no areas of discoloration
- Neurological/Psychiatric**
 - **Orientation** : oriented X 3
 - **Mood and Affect** : mood normal, affect appropriate

Assessment

- Pain- Cervical 723.1/M54.2
- Pain- Lumbar 724.2/M54.5
- Degenerative Disc Disease, Cervical 722.4/M50.30
- Degenerative Disc Disease, Lumbar 722.52/M51.36
- Radiculopathy of cervical region 723.4/M54.12
- Radiculopathy- Lumbar 724.4/M54.16

He is a 36-year-old former NFL football player. He played from 2005-2012. Had persistent neck and low back pain. His neck pain radiates into his right arm was associated with numbness in bilateral hands. The numbness occurs in the radial distribution of the hand. Leg pain is bilateral worse with standing and better with lying down. He has had no treatment thus far.

Physical exam reveals positive Spurling sign on the cervical spine. Otherwise 5/5 strength, sensation intact light touch negative straight leg raise testing.

radiograph show C6-7 degenerative disc disease with focal kyphosis with anterior osteophytes noted he has slight loss of cervical lordosis.

radiographs lumbar spine show L5-S1 degenerative disc disease without instability without evidence of fracture.

I reviewed MRI of his cervical spine which shows C6-7 broad-based disc osteophyte complex with right greater left neural foraminal stenosis.

MRI of his lumbar spine shows L5-S1 broad-based disc bulging and L4-5 broad-based disc bulging with right greater left neural foraminal stenosis and lateral recess stenosis.

We discussed options. I would like to treat his cervical spine with cervical epidural as well as physical therapy with traction. After get a cervical epidural like to perform and lumbar epidural steroid injection L5-S1. I believe he would do well with anti-inflammatories and gabapentin. I am going to refer him for treatment of his bilateral labral tears and treatment of bilateral carpal tunnel syndrome. EMG was also reviewed which showed evidence of severe carpal tunnel syndrome and overall peripheral neuropathy of mild degree in the lower extremities.

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DL-00308

DBM - 2/14/2019
[Progress Note] [Daniel Loper] [285811]

[Date Printed: 5/25/2018] Page 6 of 6

Plan

Instructions

- o ***** F/U APPT *****
- o Patient requests to call us at a later time to schedule appt/s.
- o The patient will contact me in the interim between now and their followup appointment for any problems, questions, or concerns.

He returns. He has had persistent neck pain. His low back pain is and leg pain is the same. He has not had his epidural steroid injection. He has not started physical therapy yet.

I reviewed imaging of his low back. MRI shows L5-S1 broad-based disc bulge with degenerative changes present L4-5 and L5-S1.

cervical MRI reveals a C6-7 disc osteophyte complex with foraminal stenosis.

At this point and continue conservative treatment. Does have both cervical and lumbar radiculopathy due to cervical and lumbar disc disease.

Electronically Signed by: Colin G. Crosby, MD -Author on May 24, 2018 01:08:01 PM

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DL-00309

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: 249378
Provider Name: Michael A. Milek, M.D.

DOS: 11/16/2008

JOB: 207443

He is 24, he is a Titan. He is being followed in this office for TFCC tear on the left side which we evaluated last in May.

He has been taping the hand, he has been playing, basically has become asymptomatic with weight lifting and playing. He had a spleen injury two weeks ago and had that repaired so he is out for the year.

On exam today the TFCC junctional area is not tender. The DRUJ is unstable but it is not tender. Stressing it in supination and pronation with resistance as best I can do with this offensive lineman, I couldn't produce any pain. He is not tender to palpation.

Based on this exam I recommended that the TFCC not be repaired as apparently he is asymptomatic from it.

He is in agreement with this. I talked to Brad about this.

We will have him return on a PRN basis.

Michael A. Milek, M.D./kdl

CC: Titans
Brad Brown

DL-00310

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: 249378
Provider Name: Michael A. Milek, M.D.

DOS: 05/18/2006
JOB: 104823

Mr. Loper had the TFCC tear on the left side. He has been in the splint for three weeks. We took him out today. He is still tender and unstable.

It is not clear to me that this is going to heal. After discussion, the decision was made that we will continue the sugar tong for three more weeks. Brad has fabricated a form splint for him which we will put him in at three weeks and see then if he can play. Basically, my information to him was that I do not think it is going to heal, but it is not dangerous to play if he is able to do it and it does not hurt him too badly. If he messes this up, then he cannot play and we will have to fix it. Right now, we will continue this three more weeks and see him back in three weeks just to check it. He can start lifting and working in his orthosis that Brad has fabricated for him on and off and see what it takes to make him comfortable.

Michael A. Milek, M.D.

MAM/gsh
Copy to: Brad Brown, The Titans

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: 249378
Provider Name: Michael A. Milek, M.D.

DOS: 04/27/2006

JOB: 93020

HISTORY: Mr. Loper is a 24-year-old man who plays with the Titans. He was some doing some sort of exercise game about three weeks ago and was pushed from behind. He lost his balance and fell on an outstretched wrist. He had some pain in it and thought it was just a wrist sprain. He kept playing, but now he has been working a bit. He is lifting a fair amount more and he is having trouble on the ulnar side of the wrist.

He had an MRI done at Baptist. There is an abnormal signal at the TFCC as it inserts into the ulnar styloid. He also had a bone island present in the scaphoid.

MEDICAL HISTORY: Asthma.

SURGICAL HISTORY: Ankle repair in 1994. Otherwise, he is a healthy young man.

MEDICATIONS: None

PHYSICAL EXAMINATION: The patient is a 24-year-old man who is well developed, about 6'3" or 6'4" and probably over 300 pounds. HEENT are grossly normal. Shoulder and elbow exams are normal. The skin is without significant lesions. Pulses are palpable. There is no lymphadenopathy. His gait is normal.

Exam of the wrist shows the radioscaphoid to be nontender. The scapholunate is not tender. He is tender at the dorsal TFCC particularly the medial TFCC and some on the volar side. His DRUJ is unstable in a neutral position compared to the opposite side. In pronation, it is a bit different than the other side, but not manifestly unstable.

X-RAYS: Radiographs with plain films, AP and lateral, show the bone island in the scaphoid with no other abnormalities.

Review of the MRI shows an altered signal at the TFCC.

CLINICAL IMPRESSION: TFCC. This is peripherally located. It is slightly unstable, so this may be a destabilizing tear, but that is not immediately clear. He has not received any significant treatment.

TREATMENT: Acceptable treatment would be immobilization and a sugar tong splint for another 3-4 weeks and then see his response. If that is not satisfactory, then a TFCC repair. If time is a significant issue, then wrist arthroscopy and repair of the TFCC would be the procedure of choice and then splint and immobilization for 4-6 weeks and then

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: 249378
Provider Name: Michael A. Milek, M.D.

DOS: 04/27/2006

JOB: 93020

gradual mobilization of the wrist. This was reviewed with the patient and I talked with Brad Brown about it. The patient will consider the alternatives and talk to Brown and then make a decision about the choice of treatment.

WORK: He can continue his usual work activities until the decision is made on the way to proceed.

Michael A. Milek, M.D.

MAM/gsh

Copy to: Brad Brown – TN Titans

Daniel Loper

Date of Service: 7-17-2008

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS: Daniel returns now three weeks and one day status post arthroscopically assisted anterior compartment releases to his left knee. Overall he feels he has done quite well and he has no complaints.

CURRENT MEDICATION LIST:

CURRENT ALLERGY LIST:

PHYSICAL EXAM: Today on examination, his incision is well healed. His sutures were removed two days ago. He has full active and passive range of motion to his ankle and knee. He has 5/5 strength to his EHL, tibialis anterior as well as to his peroneals. He has normal sensation distally to his foot. He easily jumps up and down on two feet and then his left lower extremity alone.

IMPRESSION/PLAN: Daniel is doing quite well now three weeks postoperatively with respect to his left lower extremity. We will gradually increase his activity level with respect to running and jumping in hopes of getting him ready for training camp in the next week. I will recheck him in the next two to three weeks for repeat clinical evaluation of his knee. I anticipate he will continue to do quite well. He will also check in with Dr. Elrod frequently during training camp.

David R. Moore, M.D.

DRM/tmk

cc: Brad Brown

Date Dictated: 07/17/2008

Date Transcribed: 07/20/2008

TID: 25745331

DL-00314

Player Treatment History

106687 **LOPER, DANIEL**9737 **Right SHOULDER SUBSCAPULARIS STR 1 DEG**

Opened: 8/2/2005

Returned: 8/9/2005

Current Status

OSHA Req: Yes

Closed: 8/21/2005

Player Cleared for full activity

OSHA Status Returned to normal work

Team Episode Closed

League Not Reported

Activity Blocking

During Practice A.M.

During Game

During Day

Temperature Hot 80+

AM PRACTICE REPORTED POST PM PRACTICE, AM PRACTICE WAS BLOCKING AND GOT HIT ON THE SHOULDER. HE WAS BLOCKING AND GOT ARM PUSHED OFF AND FELT IT AGAIN. IT SETTLED DOWN AND THEN BETWEEN PRACTICES WAS REALLY NOT SORE AT ALL. PM PRACTICE WAS BLOCKING AGAIN AND WENT TO PULL ANOTHER PLAYER TOWARD HIM, INTERNALLY ROTATING THE SHOULDER AND GOT A SHARP PAIN IN THE SHOULDER. PAIN IS IN THE AND POST DELTOID REGION AND HAS A BRUISE ON THE DELTOID, BUT STRENGTH LOSS IS MOST SIGNIFICANT IN INT ROTATION WITH MOD STRENGTH LOSS. DR. BYRD EXAMINED POST PM PRACTICE

Climate Humid

Surface Natural

Surface Cond Normal

8/2/2005	BROWN	Injured During Practice	Not Reported
	BYRD	Injured During Practice	Returned to normal work

Qty	Procedure
1	DOCTOR
1	ICE PACK
1	ELECTRICAL STIM

8/2/2005	BROWN	Injured During Practice	Not Reported
	BYRD	Injured During Practice	Returned to normal work

Qty	Procedure
1	DOCTOR
1	ICE PACK
1	ELECTRICAL STIM

8/3/2005	BROWN	Cleared for full activity	Not Reported
		Walk Through	Returned to normal work

Qty	Procedure
2	ICE PACK
1	ICE MASSAGE
2	ELECTRICAL STIM

STILL PRETTY SORE ON THE DELTOID AND PAINFUL WITH INT ROT. ONE XAM HE HAS MILD ECC AND TENDERNESS OVER THE POST DELTOID AND CUFF INSERTION POSTERIORLY. STRENGTH IS 4/5 IN INT ROTATION WITH 4+5 IN ALL OTHER PATTERNS. HAS + APPREHENSION ON AB/EXT. ROTATION BUT DOES NOT FEEL HE IS SUB AT ALL. PASSIVE ROM.

DL-00315

Episode Summary by Player

Active Players (All Episodes) - On Per Page - Tennessee Titans

Report Date: 03/06/2008 Page 35

Onset	Closed_Date	Side	BodyPart	Injury	Episode	Duration	Status	WC	OSHA
LOPER, Daniel									
21-Jun-07	25-Jun-07	L	Knee	Hyperextension Spr 1 Deg	11083	4	C		Y
29-Jul-07	30-Jul-07	L	Thumb	Contusion	11132	1	C	Y	Y
03-Aug-07	26-Aug-07	L	Wrist	Ext Carpi Ulnaris Tndn Str 1	11199	23	C	Y	Y
28-Oct-07	31-Oct-07	L	Hip	Contusion	11517	3	C	Y	Y
04-Nov-07	09-Nov-07	R	Finger	Laceration	11527	5	C	Y	Y
06-Jan-08	07-Jan-08	R	Elbow	Sprain/Medial 1 Deg	11669	1	C	Y	Y
05-Feb-08	07-Feb-08	R	Shoulder	Rot Cuff Str 1 Deg	11675	2	C	Y	Y
					7				

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E-Ballot 01/07/2021

DL-00316

Confidential Information

NFL_ALFORD-0001028

E-Form 1107/2021

03/20/2025 Wed Page 7

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS										
CLAIMS ADM/CA	JURISDICTION CLAIM # (STATE FILE#)			CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER			The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury. <i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i>			
	CLAMS ADM CLAIM # (INSURER CLAIM #)									
	OSHA LOG CASE #			CARRIER FEIN			If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).			
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.			FEIN OF CLMS ADM						
	CLAIMS ADMIN FIRM NAME (if different from carrier)			CLMS ADJ PHONE #						
	CLAIMS ADJUSTER NAME									
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299			CITY Irving			STATE TX		ZIP 75014-1299		
EMPLOYER	EMPLOYER NAME Tennessee Titans			EMPLOYER FEIN 74-1361125			SIC CODE		PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road			NATURE OF BUSINESS Pro Football Player						
	CITY Nashville			STATE TN	ZIP 37228	INSURED REPORT NUMBER 11675		EMPLOYER LOCATION #		
POLICY	INSURED NAME (parent co, if different then employer)			POLICY NUMBER			EFF DATE		EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
				SELF INSURED			EXP DATE			
EMPLOYEE	EMPLOYEE LAST NAME LOPER			PHONE INCL AREA CODE			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN			
	FIRST DANIEL			MI	DEPARTMENT REGULARLY WORKED			OCCUPATION DESCRIPTION		
	ADDRESS LINE 1 AND 2									
	CITY			STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN			NCCI CLASS CODE	
	SSN			DATE OF BIRTH			DATE OF HIRE 04/29/2005			
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK			SALARY CONTINUED IN LIEU OF COMPENSATION				
							FULL WAGES PAID FOR DATE OF INJURY			
ACCIDENT/INJURY	DATE OF INJURY 2/5/2008			TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 12:00 PM			TIME EMPLOYEE BEGAN WORK ON INJURY DATE			
	DATE EMPLOYER NOTIFIED OF INJURY 2/6/2008			BODY PART AFFECTED CODE R Shoulder			NATURE OF INJURY CODE Rot Cuff Str 1 Deg		CAUSE OF INJURY CODE	
	DATE CLAIM ADM NOTIFIED OF INJURY			How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.						
	DATE LAST DAY WORKED			Body contact						
	DATE DISABILITY BEGAN									
	RETURN TO WORK (IF APPLICABLE)									
	DATE OF DEATH (IF APPLICABLE)			IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD						
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?			TOTAL # DEPENDENTS						
ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn							COUNTY OF INJURY USA			
TREATMENT	PHYSICIAN NAME			HOSPITAL OR OFF SITE TREATMENT NAME						
	ADDRESS LINE 1 AND 2			ADDRESS LINE 1 AND 2						
	CITY			STATE	ZIP	CITY			STATE TN	ZIP
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT			<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL			<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE			<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED
OTHER	DATE PREPARED 04/11/2008		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator			PREPARER'S COMPANY NAME Tennessee Titans			PHONE NUMBER 615-565-4000	

LD-0021 (REV 12-01)

DL-00317

Player Treatment History

106687

LOPER, DANIEL

9862

Right CLAVICLE A-C CONTUSION

Opened: 8/23/2005

Returned: 8/23/2005

Current Status

Player Cleared for full activity

Team Episode Closed

League Not Reported

OSHA Req: Yes

OSHA Status Returned to normal work

Activity Coll w/person in bounds

During Practice A.M.

During Game

During Day

Temperature

Climate

Surface

Surface Cond

HAS BEEN C/O OF R AC JOINT SORENESS FOR 2 OR 3 DAYS. STARTED FEELING IT SAT AFTER THE GAME ON FRIDAY. SORE ON THE AC JOINT AND DISTAL CLAVICLE. FULL ROM BUT DOES HAVE PAINFUL ARC, NORMAL RC STRENGTH. HAS HX OF SUB SCAP TEAR 2 WEEKS AGO

8/23/2005 KAPLAN

Injured During Practice

Not Reported

ELROD

Injured During Practice

Returned to normal work

Qty	Procedure
1	ICE PACK
1	HYDROCOLLATOR
1	ELECTRICAL STIM
1	EXERCISE

8/23/2005 MOSELEY

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

UBE, STRETCH

8/24/2005

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
2	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
3	ICE PACK
1	LASER

STILL VERY SORE ON AC JOINT, PAIN WITH MOVEMENTS ABOVE 90 DEGREES, PAIN WITH HZ ADDUCTION, MILD STRENGTH LOSS IN ABD AND FLEX.

UBE, DUMBBELL ROUTINE, BANDS INT & EXT ROTATION

8/25/2005 MOSELEY

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

STILL POINT TENDER ON AC, BUT DECREASED, NORMAL ROM, INCREASED STRENGTH.

UBE, STRETCH

DL-00318

E-Filed 04/07/2021

03/2020 ICC Med Page 79

Player Treatment History

106687

LOPER, DANIEL

8/26/2005 BROWN

Cleared for full activity

Not Reported

Full Play in Game

Returned to normal work

Qty	Procedure
1	ICE PACK

PLAYED FULL IN GAME, NO RES REPORTED POST GAME,

8/27/2005 MOSELEY

Treatment, rehab, & cond

Not Reported

Treat Only Day/Off

Returned to normal work

Qty	Procedure
1	ICE PACK

FELT FINE IN GAME, DID NOT WEAR HARNESS AND DID NOT HAVE ANY PROBLEMS IN GAME.

8/28/2005 BROWN

Cleared for full activity

Not Reported

Episode Closed

Returned to normal work

Qty	Procedure
1	ICE PACK

NO TREATMENT OTHER THEN ICE WILL END EPSIDOE AT THIS TIME.

Date	Medication	Description	Trainer
8/23/2005	30 Naprosyn tablet 500 mg		EL
8/26/2005	1 Toradol oral anti inflam		EL

DL-00319

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM ROD MARTIN
DATE OF EXAM: AUGUST 25, 2010
PLAYER: LOPER, DANIEL

INJURY REPORT

CHIEF COMPLAINT: Left elbow.

HISTORY: Daniel was seen this evening following this afternoon's practice. He got hit on the elbow medially and also thinks he got his arm caught between a few players hyperextending the left arm. He has been noticing soreness primarily about the posteromedial aspect. Able to use the arm although a little discomfort with resisted extension. No history of prior elbow issues.

EXAMINATION: Left elbow examination reveals no substantial swelling. Full range of motion from 0 to 140 degrees of flexion with slight tightness in the end ranges of flexion. Full supination and pronation appreciated. There is tenderness over the medial course of the triceps region but no palpable defect. No tenderness over the lateral half of the triceps. He has 5/5 extension strength against resistance at 30 and 60 degrees of elbow flexion. However, in 90 degrees against resistance he does report discomfort about the posteromedial triceps with 5-/5 strength. The medial collateral ligament is stable with 1+ valgus stress noted with a firm endpoint. Minimal discomfort noted. Flexor pronator muscles are intact and neurologically he is intact.

IMPRESSION: Left elbow hyperextension injury with medial triceps strain.

RECOMMENDATION: Discussed the nature of the injury with Rod Martin as well as Chris Cortez in the training room. At this point we will just observe this and he will undergo training room modalities for this with judicious use of ice, antiinflammatories, and STIM as symptoms warrant. We will see how he does day to day and follow him up to see if he continues improvement.

Frank Chen, M.D.
FC:mdf

E-Form 0-2072021

03/20/2009 C-Med Page 1

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS									
CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE#)			CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER			<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	CLAIMS ADM CLAIM # (INSURER CLAIM #)			CARRIER FEIN					
	OSHA LOG CASE #			FEIN OF CLMS ADM					
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.			CLAIMS ADJ PHONE #					
	CLAIMS ADMIN FIRM NAME (if different from carrier)								
EMPLOYER	EMPLOYER NAME Tennessee Titans			EMPLOYER FEIN 76-0507392			SIC CODE		PHONE NUMBER 615-565-4000
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road			NATURE OF BUSINESS Pro Football Player			INSURED REPORT NUMBER 12408		EMPLOYER LOCATION #
	CITY Nashville		STATE TN	ZIP 37228					
POLICY	INSURED NAME (parent co. if different than employer)			POLICY NUMBER			EFF DATE		EMPLOYMENT STATUS CODE
	SELF INSURED			EXP DATE					<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME
EMPLOYEE	EMPLOYEE LAST NAME LOPER			PHONE INCL AREA CODE			GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN
	FIRST DANIEL		M	DEPARTMENT REGULARLY WORKED			OCCUPATION DESCRIPTION		
	ADDRESS LINE 1 AND 2								
	CITY			STATE	ZIP				
WAGE	WAGE \$515.00		PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY		NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION		
							FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 1/10/2009			TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 6:00 PM			TIME EMPLOYEE BEGAN WORK ON INJURY DATE 3:30 PM		
	DATE EMPLOYER NOTIFIED OF INJURY 1/10/2009			BODY PART AFFECTED CODE R Fibula			NATURE OF INJURY CODE Gastroc Contusion		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY			How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.					
	DATE LAST DAY WORKED			Body contact					
	DATE DISABILITY BEGAN								
	RETURN TO WORK (IF APPLICABLE)								
	DATE OF DEATH (IF APPLICABLE)			IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP					
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?			<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER		<input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON		<input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD TOTAL # DEPENDENTS	
ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Lp Field @ Nashville, Tn							COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME			HOSPITAL OR OFF SITE TREATMENT NAME					
	ADDRESS LINE 1 AND 2			ADDRESS LINE 1 AND 2					
	CITY		STATE	ZIP	CITY		STATE	ZIP	
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED		
	DATE PREPARED 01/15/2009		PREPARER NAME & TITLE Alesia Bradley		PREPARER'S COMPANY NAME Plan Administrator		PHONE NUMBER 615-565-4000		

LB-0021 (REV 12-01)

DL-00321

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

C20 CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	CLAMS ADM CLAIM # (INSURER CLAIM #)						
	OSHA LOG CASE #						
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN				
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM				
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #				
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving	STATE TX	ZIP 75014-1299
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 76-0507392		SIC CODE	PHONE NUMBER 615-565-4000	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player		
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 12334	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE	
			SELF INSURED		EXP DATE	<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		
	ADDRESS LINE 1 AND 2				OCCUPATION DESCRIPTION		
	CITY	STATE	ZIP	MARITAL STATUS		NCCI CLASS CODE	
	SSN	DATE OF BIRTH	DATE OF HIRE	<input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN			
			04/29/2005				
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION		
					FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 11/27/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 2:00 PM 12:30 PM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE		
	DATE EMPLOYER NOTIFIED OF INJURY 11/27/2008		BODY PART AFFECTED CODE L Shoulder		NATURE OF INJURY CODE Contusion		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED		Body contact				
	DATE DISABILITY BEGAN						
	RETURN TO WORK (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		<input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD				
ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Ford Field @ Detroit, Mi					COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME				
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
	CITY	STATE	ZIP	CITY	STATE	ZIP	
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED
OTHER	DATE PREPARED 12/04/2008	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000	

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

C20 CLAIMS ADM/CARRIER	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2687 (TDD).</p>	
	CLAMS ADM CLAIM # (INSURER CLAIM #)					
	OSHA LOG CASE #					
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN			
EMPLOYER	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM			
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #			
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving	STATE TX
					ZIP 75014-1299	
EMPLOYEE	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 76-0507392		SIC CODE	PHONE NUMBER 615-565-4000
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player	
	CITY Nashville	STATE TN	ZIP 37228	INSURED REPORT NUMBER 12324	EMPLOYER LOCATION #	
	INSURED NAME (parent co. if different than employer)		POLICY NUMBER	EFF DATE	EMPLOYMENT STATUS CODE	
POLICY			SELF INSURED	EXP DATE	<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE	GENDER		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		
	ADDRESS LINE 1 AND 2		OCCUPATION DESCRIPTION			
EMPLOYEE	CITY	STATE	ZIP	MARITAL STATUS	NCCI CLASS CODE	
				<input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		
	SSN [REDACTED]	DATE OF BIRTH [REDACTED]	DATE OF HIRE 04/29/2005			
	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK	SALARY CONTINUED IN LIEU OF COMPENSATION		
ACCIDENT/INJURY	DATE OF INJURY 9/28/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 12:00 PM	
	DATE EMPLOYER NOTIFIED OF INJURY 9/28/2008		BODY PART AFFECTED CODE N Neck		NATURE OF INJURY CODE Cervical Spr 1 Deg	
	DATE CLAIM ADM NOTIFIED OF INJURY		CAUSE OF INJURY CODE			
	DATE LAST DAY WORKED		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.			
	DATE DISABILITY BEGAN		Body contact			
	RETURN TO WORK (IF APPLICABLE)					
	DATE OF DEATH (IF APPLICABLE)					
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD			
	ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Lp Field @ Nashville, Tn				COUNTY OF INJURY USA	
	TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME		
ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
CITY		STATE	ZIP	CITY	STATE	ZIP
INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED <input type="checkbox"/>		
OTHER	DATE PREPARED 11/25/2008	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator	PREPARER'S COMPANY NAME Tennessee Titans	PHONE NUMBER 615-565-4000		

LB-0021 (REV 12-01)

DL-00323

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>	
	CLAMS ADM CLAIM # (INSURER CLAIM #)					
	OSHA LOG CASE #					
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN			
EMPLOYER	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM			
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #			
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299		CITY Irving		STATE TX	ZIP 75014-1299
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 76-0507392		SIC CODE	PHONE NUMBER 615-565-4000
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road		NATURE OF BUSINESS Pro Football Player			
	CITY Nashville	STATE TN	ZIP 37228	INSURED REPORT NUMBER 12268	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME
			SELF INSURED		EXP DATE	
	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN	
EMPLOYEE	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION	
	ADDRESS LINE 1 AND 2					
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	NCCI CLASS CODE	
WAGE	SSN	DATE OF BIRTH	DATE OF HIRE 04/29/2005			
	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION	
					FULL WAGES PAID FOR DATE OF INJURY	
ACCIDENT/INJURY	DATE OF INJURY 10/30/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 11:15 AM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE	
	DATE EMPLOYER NOTIFIED OF INJURY 10/30/2008		BODY PART AFFECTED CODE R Ankle		NATURE OF INJURY CODE Lateral Sprain 1 Deg	
	DATE CLAIM ADM NOTIFIED OF INJURY		CAUSE OF INJURY CODE			
	DATE LAST DAY WORKED		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee. Body contact			
	DATE DISABILITY BEGAN					
	RETURN TO WORK (IF APPLICABLE)					
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD		TOTAL # DEPENDENTS	
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?					
ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn				COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME			
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2			
	CITY	STATE	ZIP	CITY	STATE TN	ZIP
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINIC / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED	
	DATE PREPARED 11/06/2008	PREPARER NAME & TITLE Alesia Bradley Plan Administrator	PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000	

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

C20

CLAIMS ADMIN	JURISDICTION CLAIM # (STATE FILE#)	CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	CLAMS ADM CLAIM # (INSURER CLAIM #)					
	OSHA LOG CASE #					
	NAME OF INSURANCE CARRIER	CARRIER FEIN				
	CLAIMS ADMIN FIRM NAME (if different from carrier)	FEIN OF CLMS ADM				
CLAIMS ADJUSTER NAME	CLMS ADJ PHONE #					
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving	STATE TX	ZIP 75014-1299
EMPLOYER	EMPLOYER NAME Tennessee Titans	EMPLOYER FEIN 76-0507392	SIC CODE	PHONE NUMBER 615-565-4000		
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road		NATURE OF BUSINESS Pro Football Player			
	CITY Nashville	STATE TN	ZIP 37228	INSURED REPORT NUMBER 12225	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)	POLICY NUMBER	EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME		
		SELF INSURED	EXP DATE			
EMPLOYEE	EMPLOYEE LAST NAME LOPER	PHONE INCL AREA CODE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN			
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED			
	ADDRESS LINE 1 AND 2		OCCUPATION DESCRIPTION			
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	NCCI CLASS CODE	
WAGE	SSN	DATE OF BIRTH	DATE OF HIRE 04/29/2005			
	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK	SALARY CONTINUED IN LIEU OF COMPENSATION FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 10/5/2008	TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 11:15 AM	TIME EMPLOYEE BEGAN WORK ON INJURY DATE			
	DATE EMPLOYER NOTIFIED OF INJURY 10/5/2008	BODY PART AFFECTED CODE R Thumb	NATURE OF INJURY CODE M-C-P Spr 1 Deg	CAUSE OF INJURY CODE		
	DATE CLAIM ADM NOTIFIED OF INJURY	How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED	Body contact				
	DATE DISABILITY BEGAN					
	RETURN TO WORK (IF APPLICABLE)					
	DATE OF DEATH (IF APPLICABLE)	IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?	TOTAL # DEPENDENTS				
	ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, TN				COUNTY OF INJURY USA	
	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME			
ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
TREATMENT	CITY	STATE	ZIP	CITY	STATE	ZIP
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED	
OTHER	DATE PREPARED 10/09/2008	PREPARED NAME & TITLE Alesia Bradley Plan Administrator	PREPARED COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000	

LB-0021 (REV 12-01)

DL-00325

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury. <i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i>		
	CLAMS ADM CLAIM # (INSURER CLAIM #)						
	OSHA LOG CASE #				If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).		
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN				
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM				
CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #					
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving	STATE TX	ZIP 75014-1299	
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 76-0507392		SIC CODE	PHONE NUMBER 615-565-4000	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player		
	CITY Nashville	STATE TN	ZIP 37228	INSURED REPORT NUMBER 12111	EMPLOYER LOCATION #		
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
			SELF INSURED		EXP DATE		
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION		
	ADDRESS LINE 1 AND 2						
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	NCCI CLASS CODE		
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION		
					FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 8/31/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 12:30 PM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 12:30 PM		
	DATE EMPLOYER NOTIFIED OF INJURY 8/31/2008		BODY PART AFFECTED CODE R Meniscus		NATURE OF INJURY CODE Lateral Tear		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED		Body contact				
	DATE DISABILITY BEGAN						
	RETURN TO WORK (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		TOTAL # DEPENDENTS				
ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, TN					COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME				
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
	CITY	STATE	ZIP	CITY	STATE	ZIP	
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINIC / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED
	DATE PREPARED 09/04/2008	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator	PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000		

E-Ballot 07/07/2021

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**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

CLAIMS ADM/CA	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p>		
	CLAIMS ADM CLAIM # (INSURER CLAIM #)						
	OSHA LOG CASE #		CARRIER FEIN		<p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		FEIN OF CLMS ADM				
	CLAIMS ADMIN FIRM NAME (if different from carrier)		CLMS ADJ PHONE #				
CLAIMS ADJUSTER NAME							
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving	STATE TX	ZIP 75014-1299	
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 76-0507392		SIC CODE	PHONE NUMBER 615-565-4000	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player		
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 12116	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE	
			SELF INSURED		EXP DATE	<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		OCCUPATION DESCRIPTION
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED				
	ADDRESS LINE 1 AND 2						
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		NCCI CLASS CODE	
WAGE	SSN		DATE OF BIRTH	DATE OF HIRE 04/29/2005	SALARY CONTINUED IN LIEU OF COMPENSATION		
	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 9/3/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 12:15 PM 11:15 AM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE		
	DATE EMPLOYER NOTIFIED OF INJURY 9/3/2008		BODY PART AFFECTED CODE N Nose		NATURE OF INJURY CODE Contusion		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED		Body contact				
	DATE DISABILITY BEGAN						
	RETURN TO WORK (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD TOTAL # DEPENDENTS				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?						
ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn					COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME				
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
	CITY	STATE	ZIP	CITY	STATE	ZIP	
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI/HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED
	DATE PREPARED 09/04/2008	PREPARED BY Alesia Bradley	PREPARED BY TITLE Plan Administrator		PREPARED BY COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000

LB-0021 (REV 12-01)

DL-00327

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

C20

CLAIMS ADM/C.	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>	
	CLAMS ADM CLAIM # (INSURER CLAIM #)					
	OSHA LOG CASE #					
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN			
EMPLOYER	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM			
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #			
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving	STATE TX
					ZIP 75014-1299	
EMPLOYEE	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 76-0507392		SIC CODE	PHONE NUMBER 615-565-4000
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player	
	CITY Nashville	STATE TN	ZIP 37228	INSURED REPORT NUMBER 11752	EMPLOYER LOCATION #	
	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME
POLICY	SELF INSURED		EXP DATE			
	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN	
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION	
	ADDRESS LINE 1 AND 2					
EMPLOYEE	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	NCCI CLASS CODE	
	SSN	DATE OF BIRTH	DATE OF HIRE 04/29/2005			
	WAGE \$515.00		PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION
					FULL WAGES PAID FOR DATE OF INJURY	
ACCIDENT/INJURY	DATE OF INJURY 6/11/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 8:00 AM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE	
	DATE EMPLOYER NOTIFIED OF INJURY 6/11/2008		BODY PART AFFECTED CODE L Tibia		NATURE OF INJURY CODE Compartment Syndrome	
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.			
	DATE LAST DAY WORKED		Body contact			
	DATE DISABILITY BEGAN					
	RETURN TO WORK (IF APPLICABLE)					
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER _____ SISTER <input type="checkbox"/> WIDOWER _____ DAUGHTER _____ BROTHER <input type="checkbox"/> MOTHER _____ SON _____ HANDICAPPED CHILD			
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		TOTAL # DEPENDENTS			
	ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn				COUNTY OF INJURY USA	
	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME			
ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
TREATMENT	CITY	STATE	ZIP	CITY	STATE TN	ZIP
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED	
	DATE PREPARED 07/07/2008		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans	
					PHONE NUMBER 615-565-4000	

LB-0021 (REV 12-01)

DL-00328

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

C20 CLAIMS ADMIN/CLAIMS	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>	
	CLAMS ADM CLAIM # (INSURER CLAIM #)					
	OSHA LOG CASE #					
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN			
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM			
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #			
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving	STATE TX
					ZIP 75014-1299	
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE	PHONE NUMBER
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player	
	CITY Nashville	STATE TN	ZIP 37228	INSURED REPORT NUMBER 11752	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME
			SELF INSURED		EXP DATE	
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN	
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION	
	ADDRESS LINE 1 AND 2					
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	NCCI CLASS CODE
	SSN	DATE OF BIRTH	DATE OF HIRE 04/29/2005			
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION	
					FULL WAGES PAID FOR DATE OF INJURY	
ACCIDENT/INJURY	DATE OF INJURY 6/11/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 8:00 AM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE	
	DATE EMPLOYER NOTIFIED OF INJURY 6/11/2008		BODY PART AFFECTED CODE L Tibia		NATURE OF INJURY CODE Compartment Syndrome	
	DATE CLAIM ADM NOTIFIED OF INJURY		CAUSE OF INJURY CODE			
	DATE LAST DAY WORKED		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee. Body contact			
	DATE DISABILITY BEGAN					
	RETURN TO WORK (IF APPLICABLE)					
	DATE OF DEATH (IF APPLICABLE)					
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER _____ SISTER <input type="checkbox"/> WIDOWER _____ DAUGHTER _____ BROTHER <input type="checkbox"/> MOTHER _____ SON _____ HANDICAPPED CHILD TOTAL # DEPENDENTS			
ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn						COUNTY OF INJURY USA
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME			
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2			
	CITY	STATE	ZIP	CITY	STATE TN	ZIP
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED	
OTHER	DATE PREPARED 06/16/2008	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator	PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000	

LB-0021 (REV 12-01)

DL-00329

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS										
CLAIMS ADM/C	JURISDICTION CLAIM # (STATE FILE#)			CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER			<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2687 (TDD).</p>			
	CLAMS ADM CLAIM # (INSURER CLAIM #)									
	OSHA LOG CASE #									
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.			CARRIER FEIN						
	CLAIMS ADMIN FIRM NAME (if different from carrier)			FEIN OF CLMS ADM						
CLAIMS ADJUSTER NAME			CLMS ADJ PHONE #							
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299						CITY Irving		STATE TX	ZIP 75014-1299	
EMPLOYER	EMPLOYER NAME Tennessee Titans			EMPLOYER FEIN 74-1361125			SIC CODE		PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road						NATURE OF BUSINESS Pro Football Player			
	CITY Nashville			STATE TN	ZIP 37228		INSURED REPORT NUMBER 11699		EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)			POLICY NUMBER			EFF DATE		EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
				SELF INSURED			EXP DATE			
EMPLOYEE	EMPLOYEE LAST NAME LOPER			PHONE INCL AREA CODE			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		OCCUPATION DESCRIPTION	
	FIRST DANIEL		MI	DEPARTMENT REGULARLY WORKED						
	ADDRESS LINE 1 AND 2									
	CITY			STATE	ZIP		MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN			NCCI CLASS CODE
	SSN		DATE OF BIRTH		DATE OF HIRE 04/29/2005					
WAGE	WAGE \$515.00		PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY		NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION			
							FULL WAGES PAID FOR DATE OF INJURY			
ACCIDENT/INJURY	DATE OF INJURY 4/15/2008			TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 10:00 AM			TIME EMPLOYEE BEGAN WORK ON INJURY DATE 10:00 AM			
	DATE EMPLOYER NOTIFIED OF INJURY 4/15/2008			BODY PART AFFECTED CODE R Hip			NATURE OF INJURY CODE Spr 1 Deg (Non-Specific)		CAUSE OF INJURY CODE	
	DATE CLAIM ADM NOTIFIED OF INJURY			How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.						
	DATE LAST DAY WORKED			Body contact						
	DATE DISABILITY BEGAN									
	RETURN TO WORK (IF APPLICABLE)									
	DATE OF DEATH (IF APPLICABLE)			IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD						
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?			TOTAL # DEPENDENTS						
ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn							COUNTY OF INJURY USA			
TREATMENT	PHYSICIAN NAME			HOSPITAL OR OFF SITE TREATMENT NAME						
	ADDRESS LINE 1 AND 2			ADDRESS LINE 1 AND 2						
	CITY			STATE	ZIP		CITY		STATE TN	ZIP
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT			<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL			<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE			<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED
	DATE PREPARED 05/03/2008		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans			PHONE NUMBER 615-565-4000		

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

C20 CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury. <i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i>			
	CLAMS ADM CLAIM # (INSURER CLAIM #)							
	OSHA LOG CASE #				If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).			
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN					
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM					
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #					
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving	STATE TX	ZIP 75014-1299	
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE	PHONE NUMBER		
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player			
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 11675	EMPLOYER LOCATION #		
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE		
			SELF INSURED		EXP DATE	<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME		
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		OCCUPATION DESCRIPTION	
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED					
	ADDRESS LINE 1 AND 2							
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		NCCI CLASS CODE		
	SSN	DATE OF BIRTH	DATE OF HIRE 04/29/2005					
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION			
					FULL WAGES PAID FOR DATE OF INJURY			
ACCIDENT/INJURY	DATE OF INJURY 2/5/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 12:00 PM		CAUSE OF INJURY CODE	
	DATE EMPLOYER NOTIFIED OF INJURY 2/6/2008		BODY PART AFFECTED CODE R Shoulder		NATURE OF INJURY CODE Rot Cuff Str 1 Deg			
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.					
	DATE LAST DAY WORKED		Body contact					
	DATE DISABILITY BEGAN							
	RETURN TO WORK (IF APPLICABLE)							
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP					
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD					
	ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn					COUNTY OF INJURY USA		
	TOTAL # DEPENDENTS							
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME					
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2					
	CITY	STATE	ZIP	CITY	STATE	ZIP		
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL <input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED							
OTHER	DATE PREPARED 04/11/2008	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000		

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS									
CLAIMS ADJUSTER	JURISDICTION CLAIM # (STATE FILE#)			CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER			<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p>		
	CLAMS ADM CLAIM # (INSURER CLAIM #)								
	OSHA LOG CASE #						<p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.			CARRIER FEIN					
	CLAIMS ADMIN FIRM NAME (if different from carrier)			FEIN OF CLMS ADM					
	CLAIMS ADJUSTER NAME			CLMS ADJ PHONE #					
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299							CITY Irving	STATE TX	ZIP 75014-1299
EMPLOYER	EMPLOYER NAME Tennessee Titans			EMPLOYER FEIN 74-1361125			SIC CODE	PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road						NATURE OF BUSINESS Pro Football Player		
	CITY Nashville			STATE TN	ZIP 37228		INSURED REPORT NUMBER 11695	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)			POLICY NUMBER			EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
				SELF INSURED			EXP DATE		
EMPLOYEE	EMPLOYEE LAST NAME LOPER			PHONE INCL AREA CODE			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED			OCCUPATION DESCRIPTION			
	ADDRESS LINE 1 AND 2								
	CITY			STATE	ZIP		MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		
WAGE	WAGE \$515.00		PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK			SALARY CONTINUED IN LIEU OF COMPENSATION		
							FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 4/8/2008			TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 11:00 AM			TIME EMPLOYEE BEGAN WORK ON INJURY DATE 10:00 AM		
	DATE EMPLOYER NOTIFIED OF INJURY 4/8/2008			BODY PART AFFECTED CODE L Ankle			NATURE OF INJURY CODE Ant Talofibular Sprain, 1St Dg		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY			How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.					
	DATE LAST DAY WORKED			Body contact					
	DATE DISABILITY BEGAN								
	RETURN TO WORK (IF APPLICABLE)								
	DATE OF DEATH (IF APPLICABLE)			IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD					
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?			TOTAL # DEPENDENTS					
ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn							COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME			HOSPITAL OR OFF SITE TREATMENT NAME					
	ADDRESS LINE 1 AND 2			ADDRESS LINE 1 AND 2					
	CITY	STATE	ZIP	CITY	STATE	ZIP			
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT			<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL			<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		
	DATE PREPARED 04/11/2008			PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator			PREPARER'S COMPANY NAME Tennessee Titans		
						PHONE NUMBER 615-565-4000			

E-Filed 07/07/2021

03/20/2025 Filed 03/04/25

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS									
CLAIMS ADJUSTER	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p>				
	CLAMS ADM CLAIM # (INSURER CLAIM #)								
	OSHA LOG CASE #				<p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>				
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN						
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM						
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #						
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving		STATE TX	ZIP 75014-1299	
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE		PHONE NUMBER		
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player				
	CITY Nashville		STATE TN	ZIP 37228		INSURED REPORT NUMBER 11694		EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE		EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME		
			SELF INSURED		EXP DATE				
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		OCCUPATION DESCRIPTION		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED						
	ADDRESS LINE 1 AND 2								
	CITY		STATE	ZIP		MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		NCCI CLASS CODE	
WAGE	WAGE \$515.00		PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY		NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION		
							FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 4/8/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 11:00 AM 10:00 AM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE				
	DATE EMPLOYER NOTIFIED OF INJURY 4/8/2008		BODY PART AFFECTED CODE L Tibia		NATURE OF INJURY CODE Sprain Tib-Fib/Proximal 1 Deg		CAUSE OF INJURY CODE		
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.						
	DATE LAST DAY WORKED		Body contact						
	DATE DISABILITY BEGAN								
	RETURN TO WORK (IF APPLICABLE)								
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD TOTAL # DEPENDENTS						
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?								
ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn							COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME				HOSPITAL OR OFF SITE TREATMENT NAME				
	ADDRESS LINE 1 AND 2				ADDRESS LINE 1 AND 2				
	CITY		STATE	ZIP		CITY		STATE TN	ZIP
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI/HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED		
	DATE PREPARED 04/11/2008		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000		

LB-0021 (REV 12-01)

DL-00333

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS										
CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p>					
	CLAMS ADM CLAIM # (INSURER CLAIM #)									
	OSHA LOG CASE #				<p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>					
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN							
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM							
CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #								
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving		STATE TX	ZIP 75014-1299		
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE		PHONE NUMBER			
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player					
	CITY Nashville		STATE TN	ZIP 37228		INSURED REPORT NUMBER 11669		EMPLOYER LOCATION #		
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE		EMPLOYMENT STATUS CODE			
			SELF INSURED		EXP DATE		<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME			
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME			
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED							
	ADDRESS LINE 1 AND 2				OCCUPATION DESCRIPTION					
	CITY		STATE	ZIP		MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN				
	SSN		DATE OF BIRTH	DATE OF HIRE 04/29/2005		NCCI CLASS CODE				
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION					
					FULL WAGES PAID FOR DATE OF INJURY					
ACCIDENT/INJURY	DATE OF INJURY 1/6/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 1:30 PM					
	DATE EMPLOYER NOTIFIED OF INJURY 1/6/2008		BODY PART AFFECTED CODE R Elbow		NATURE OF INJURY CODE Sprain/Medial 1 Deg		CAUSE OF INJURY CODE			
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.							
	DATE LAST DAY WORKED		Body contact							
	DATE DISABILITY BEGAN									
	RETURN TO WORK (IF APPLICABLE)									
	DATE OF DEATH (IF APPLICABLE)									
	IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP		TOTAL # DEPENDENTS							
	<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER		<input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON		<input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD					
	ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Qualcomm Stadium @ San Diego, Ca							COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME				HOSPITAL OR OFF SITE TREATMENT NAME					
	ADDRESS LINE 1 AND 2				ADDRESS LINE 1 AND 2					
	CITY		STATE	ZIP	CITY		STATE TN	ZIP		
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED			
OWNER	DATE PREPARED 01/23/2008		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000			

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

C20 CLAIMS ADM/CA	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>			
	CLAMS ADM CLAIM # (INSURER CLAIM #)							
	OSHA LOG CASE #							
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN					
EMPLOYER	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM					
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #					
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving		STATE TX	ZIP 75014-1299
	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE		PHONE NUMBER	
POLICY	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player			
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 11527		EMPLOYER LOCATION #	
	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE		EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
	SELF INSURED		EXP DATE					
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN			
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION			
	ADDRESS LINE 1 AND 2							
	CITY		STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		NCCI CLASS CODE	
WAGE	SSN		DATE OF BIRTH		DATE OF HIRE 04/29/2005			
	WAGE \$515.00		PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY		NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION	
							FULL WAGES PAID FOR DATE OF INJURY	
ACCIDENT/INJURY	DATE OF INJURY 11/4/2007		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 12:00 PM			
	DATE EMPLOYER NOTIFIED OF INJURY 11/4/2007		BODY PART AFFECTED CODE R Finger		NATURE OF INJURY CODE Laceration		CAUSE OF INJURY CODE	
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.					
	DATE LAST DAY WORKED		Body contact					
	DATE DISABILITY BEGAN							
	RETURN TO WORK (IF APPLICABLE)							
	DATE OF DEATH (IF APPLICABLE)							
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD		TOTAL # DEPENDENTS			
	ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Lp Field @ Nashville, Tn						COUNTY OF INJURY USA	
	TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME				
ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2						
CITY		STATE	ZIP	CITY		STATE TN	ZIP	
INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED		
OTHER	DATE PREPARED 11/08/2007		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000	

LB-0021 (REV 12-01)

DL-00335

E-Ballot 01/07/2021

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TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

C20 CLAIMS ADMIN	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>			
	CLAIMS ADM CLAIM # (INSURER CLAIM #)							
	OSHA LOG CASE #							
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN					
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM					
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #					
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving		STATE TX	ZIP 75014-1299
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE		PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player			
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 11517		EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE		EMPLOYMENT STATUS CODE	
			SELF INSURED		EXP DATE		<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN			
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED					
	ADDRESS LINE 1 AND 2				OCCUPATION DESCRIPTION			
	CITY		STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		NCCI CLASS CODE	
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION			
					FULL WAGES PAID FOR DATE OF INJURY			
ACCIDENT/INJURY	DATE OF INJURY 10/28/2007		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 12:00 PM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE			
	DATE EMPLOYER NOTIFIED OF INJURY 10/28/2007		BODY PART AFFECTED CODE L Hip		NATURE OF INJURY CODE Contusion		CAUSE OF INJURY CODE	
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.					
	DATE LAST DAY WORKED		Body contact					
	DATE DISABILITY BEGAN							
	RETURN TO WORK (IF APPLICABLE)							
	DATE OF DEATH (IF APPLICABLE)							
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER		<input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON		<input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD	
	TOTAL # DEPENDENTS							
	ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Lp Field @ Nashville, Tn							COUNTY OF INJURY USA
TREATMENT	PHYSICIAN NAME				HOSPITAL OR OFF SITE TREATMENT NAME			
	ADDRESS LINE 1 AND 2				ADDRESS LINE 1 AND 2			
	CITY	STATE	ZIP	CITY	STATE	ZIP		
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINIC / HOSPITAL	<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED				
OTHER	DATE PREPARED 11/01/2007	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000		

LB-0021 (REV 12-01)

DL-00336

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	CLAMS ADM CLAIM # (INSURER CLAIM #)						
	OSHA LOG CASE #						
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN				
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM				
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #				
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving	STATE TX	ZIP 75014-1299
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE	PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player		
	CITY Nashville	STATE TN	ZIP 37228		INSURED REPORT NUMBER 11199	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE	
	SELF INSURED				EXP DATE	<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		
	ADDRESS LINE 1 AND 2		OCCUPATION DESCRIPTION				
	CITY	STATE	ZIP		MARITAL STATUS		
	SSN	DATE OF BIRTH	DATE OF HIRE 04/29/2005		<input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION		
					FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 8/3/2007		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 5:00 PM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 3:30 PM		
	DATE EMPLOYER NOTIFIED OF INJURY 8/3/2007		BODY PART AFFECTED CODE L Wrist		NATURE OF INJURY CODE Ext Carpi Ulnaris Tndn Str 1		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED		Body contact				
	DATE DISABILITY BEGAN						
	RETURN TO WORK (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD TOTAL # DEPENDENTS				
	ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn					COUNTY OF INJURY USA	
	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME				
ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2					
CITY	STATE	ZIP		CITY	STATE TN	ZIP	
INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT	<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED		
DATE PREPARED 08/05/2007	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000		

LB-0021 (REV 12-01)

DL-00337

E-Ballot 01/07/2021

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TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2867 (TDD).</p>			
	CLAMS ADM CLAIM # (INSURER CLAIM #)							
	OSHA LOG CASE #							
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN					
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM					
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #					
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving		STATE TX	ZIP 75014-1299
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE		PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player			
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 11132		EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different then employer)		POLICY NUMBER		EFF DATE		EMPLOYMENT STATUS CODE	
			SELF INSURED		EXP DATE		<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN			
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION			
	ADDRESS LINE 1 AND 2							
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		NCCI CLASS CODE		
WAGE	SSN		DATE OF BIRTH	DATE OF HIRE 04/29/2005				
	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION			
					FULL WAGES PAID FOR DATE OF INJURY			
ACCIDENT/INJURY	DATE OF INJURY 7/29/2007		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 5:00 PM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 3:30 PM			
	DATE EMPLOYER NOTIFIED OF INJURY 7/29/2007		BODY PART AFFECTED CODE L Thumb		NATURE OF INJURY CODE Contusion		CAUSE OF INJURY CODE	
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.					
	DATE LAST DAY WORKED		Body contact					
	DATE DISABILITY BEGAN							
	RETURN TO WORK (IF APPLICABLE)							
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP					
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER		<input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON		<input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD	
						TOTAL # DEPENDENTS		
ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn							COUNTY OF INJURY USA	
TREATMENT	PHYSICIAN NAME				HOSPITAL OR OFF SITE TREATMENT NAME			
	ADDRESS LINE 1 AND 2				ADDRESS LINE 1 AND 2			
	CITY	STATE	ZIP	CITY	STATE	ZIP		
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL				<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED			
OTHER	DATE PREPARED 07/30/2007		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000	

LB-0021 (REV 12-01)

DL-00338

C-20:

Insurer/Self-Insurer Svc Ctr

Great Divide Ins. Co.

Name

P.O. Box 141299

Address

Irving, TX 75014-1299

If you have questions, the state now has a benefit review system where a Tennessee Department of Labor Workers' Compensation Specialist can provide assistance. Call 1-800-552-2667 (TDD)

The use of this form is required under the provisions of the Tennessee Workers Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.

It is a crime to knowingly provide false incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

EMPLOYER:

1. Name (Give name under which concern does business) Tennessee Titans
2. Federal Employee identification Number (FEIN) 74-1361125
3. Mail Address 460 Great Circle Rd
Nashville, TN 37228
4. Name of workers compensation company Great Divide Ins. Co. PO Box 141299, Irving, TX 75014-1299

DO NOT WRITE
IN THIS
COLUMN

Carrier Number

County Number

Occupation

Industry

Ownership

Nature

Body Part

Type

Source

Agency

Disability

INSURED EMPLOYEE:

6. Name LOPER, DANIEL
7. Telephone Number _____
8. City or Town _____
9. Age DOB _____ 10. Sex Male ☒ Female _____ 11. Check Married _____ Single ☒
12. Occupation Pro Football Player Department _____
13. No of hours worked per day _____ per week _____ No of days worked per week _____
14. Wages: \$ _____ per hour; or \$ _____ per day; or \$ \$515.00 per week. If paid on other than a time basis, such as piece work or commissions, indicate the method and enter actual average weekly earnings during the last weeks: \$ _____ per week.
15. If board, lodging, or other advantages were furnished in addition to wages, state nature and estimate weekly value: \$ _____ per week.

ACCIDENT OR EXPOSURE TO OCCUPATIONAL DISEASE:

16. Place of accident or exposure (Number and St.) Practice Facility
City Nashville, TN County _____ Was it on employer's premises _____
17. What was the employee doing when injured?(Be Specific. If he was using tools or equipment or handling material, name them and tell what he was doing with them) Playing Football
18. How did the accident occur?(Describe fully the event which resulted in the injury or occupational disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which lead or contributed to the accident.) (Use other side for additional space)
—Coll w/person in bounds

INJURY OR OCCUPATIONAL DISEASE:

19. Describe the injury or disease in detail and indicate the part of the body affected.(For example:Amputation of right index finger at second joint;Fracture of ribs, lead poisoning
Right CLAVICLE A-C CONTUSION
20. Name the object or substance which directly injured the employee.(For Example:The machine or thing that struck against or which struck him; the vapor or poison he inhaled or swallowed;the chemical or radiation which irritated his skin;or in case of strains or hernias ect., the thing he was pulling, lifting, or pushing, ect Body Contact
21. Date of injury or occupational disease. 08/23/2005 Hour of day _____ Am/Pm Was the employee paid in full for this day? _____ Date employee gave notice of injury if different from date of injury _____
22. Was employee unable to work because of the injury or disease on any day after the day of injury including Sunday or any other day on which he would not usually work? No If yes, give date last worked: _____
23. Has employee returned to work? Yes If yes, give date 08/23/2005
At what wages? \$ _____ Per hour; or \$ _____ per day; or \$ _____ per week
24. Did employee die? Yes _____ No X If yes, give date of death _____ and name and address of nearest relative _____
25. Name and address of physician _____
26. If hospitalized, name and address of hospital _____

Date of report 08/23/2005 Prepared by: Tina Tuggle, Plan Administrator

R-0021 (Rev 12-86)

DL-00339

C-20:

Insurer/Self-Insurer Svc Ctr

Great Divide Ins. Co.

Name

P.O. Box 141299

Address

Irving, TX 75014-1299

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The use of this form is required under the provisions of the Tennessee Workers Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.

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EMPLOYER:

1. Name (Give name under which concern does business) Tennessee Titans
2. Federal Employee Identification Number (FEIN) 74-1361125
3. Mail Address 460 Great Circle Rd Nashville, TN 37228
4. Name of workers compensation company Great Divide Ins. Co. PO Box 141299, Irving, TX 75014-1299

DO NOT WRITE
IN THIS
COLUMN

Carrier Number

INSURED EMPLOYEE:

6. Name LOPER, DANIEL Social Security Number [REDACTED]
7. Telephone Number Home Address:
8. City or Town
9. Age DOB [REDACTED] 10. Sex Male ☒ Female ☐ 11. Check Married ☐ Single ☒
12. Occupation Pro Football Player Department
13. No of hours worked per day _____ per week _____ No of days worked per week _____
14. Wages: \$ _____ per hour; or \$ _____ per day; or \$ \$515.00 _____ per week. If paid on other than a time basis, such as piece work or commissions, indicate the method and enter actual average weekly earnings during the last weeks: \$ _____ per week.
15. If board, lodging, or other advantages were furnished in addition to wages, state nature and estimate weekly value: \$ _____ per week.

County Number

Occupation

Industry

ACCIDENT OR EXPOSURE TO OCCUPATIONAL DISEASE:

16. Place of accident or exposure (Number and St.) Practice Facility
City Nashville, TN County _____ Was it on employer's premises _____
17. What was the employee doing when injured?(Be Specific. If he was using tools or equipment or handling material, name them and tell what he was doing with them) Playing Football
18. How did the accident occur?(Describe fully the event which resulted in the injury or occupational disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which lead or contributed to the accident.) (Use other side for additional space)
- Blocking

Ownership

Nature

Body Part

INJURY OR OCCUPATIONAL DISEASE:

19. Describe the injury or disease in detail and indicate the part of the body affected.(For example:Amputation of right index finger at second joint:Fracture of ribs, lead poisoning
Left ANKLE ANTERIOR TALO-FIB SPR 2 DEG
20. Name the object or substance which directly injured the employee.(For Example:The machine or thing that struck against or which struck him; the vapor or poison he inhaled or swallowed;the chemical or radiation which irritated his skin;or in case of strains or hemias ect., the thing he was pulling, lifting, or pushing, ect _____ Body Contact

Type

Source

21. Date of injury or occupational disease. 10/07/2006 Hour of day, _____ Am/Pm Was the employee payed in full for this day? _____ Date employee gave notice of injury if different from date of injury _____

22. Was employee unable to work because of the injury or disease on any day after the day of injury including Sunday or any other day on which he would not usually work? No If yes, give date last worked: _____

23. Has employee returned to work? Yes If yes, give date 10/07/2006
At what wages? \$ _____ Per hour; or \$ _____ per day; or \$ _____ per week

Agency

24. Did employee die? Yes _____ No ☒ If yes, give date of death _____ and name and address of nearest relative, _____

Disability

25. Name and address of physician, _____

26. If hospitalized, name and address of hospital, _____

Date of report 10/07/2006 Prepared by: Tina Tuggle, Plan Administrator

Episode Summary by Player

Active Players (All Episodes) - One Per Page - Tennessee Titans

Report Date: 02/26/2009 Page 39

Onset	Closed Date	Side	BodyPart	Injury	Episode	Duration	Status	WC	OSHA
LOPER, Daniel									
08-Apr-08	11-Apr-08	L	Tibia	Sprain Tib-Fib/Proximal 1 Deg	11694	3	C Y Y		
08-Apr-08	10-Apr-08	L	Ankle	Ant Talofibular Sprain, 1St Dg	11695	2	C Y Y		
15-Apr-08	01-May-08	R	Hip	Spr 1 Deg (Non-Specific)	11699	16	C Y Y		
11-Jun-08	15-Aug-08	L	Tibia	Compartment Syndrome	11752	65	C Y Y		
31-Aug-08	01-Sep-08	R	Meniscus	Lateral Tear	12111	1	C Y Y		
03-Sep-08	04-Sep-08	N	Nose	Contusion	12116	1	C Y Y		
28-Sep-08	29-Nov-08	N	Neck	Cervivcal Spr 1 Deg	12324	62	C Y Y		
05-Oct-08	08-Oct-08	R	Thumb	M-C-P Spr 1 Deg	12225	3	C Y Y		
15-Oct-08	16-Oct-08	N	Head	Headaches/Migraine	12230	1	C N N		
30-Oct-08	03-Nov-08	R	Ankle	Lateral Sprain 1 Deg	12268	4	C Y Y		
27-Nov-08	08-Dec-08	L	Shoulder	Contusion	12334	11	C Y Y		
10-Jan-09	27-Jan-09	R	Fibula	Gastroc Contusion	12408	17	C Y Y		

12

DL-00341

E-Ballot 01/07/2024

03/20/20 DICC Med Page 101



**NASHVILLE
SPORTS MEDICINE**
AND ORTHOPAEDIC CENTER

J. W. Thomas Byrd, M.D.

2011 Church Street
Suite 100
Nashville, TN 37203
615-284-5800
fax 615-284-5819

LOPER, DANIEL
01/10/09
TITANS VS RAVENS

He took a direct blow on his right posterior calf. It is tender. He has some bruising. He is able to play. We iced it. We'll keep an eye on it.

J. W. Thomas Byrd, M.D.
T-16/Jan/09-ss

www.NSMOC.com

DL-00342

Game with New York Jets:

Daniel Loper hit his head a few weeks ago. Preston has worked with him a couple of weeks. He has just been sore on and off, kind of an ache at the base of his skull and over his posterior occiput. He has a full range of motion of his neck but he does have a little discomfort when you vertically load it. He has a little discomfort with extremes of motion. He can forward flex, extend and twist and rotate. He says he's just a little sore but he can do anything he wants to do. Neurologically, he's okay. He's only tender around his occiput but not over his spinous processes. We took x-rays, flexion and extension, rotation and obliques. The C1-C2 articulation looks normal. He hasn't tried anything for it, so we've put him on some Medrol for a couple of days. He said he can go with it and it's just a mild ache. I told him if it got worse at all we'll do an MRI. He has been putting up with it a couple of weeks so we're just going to watch it. We'll see how he does with the Medrol.

Burton F. Elrod, M.D.

BFE/mm

Date Dictated: 11/23/2008

Date Transcribed: 11/26/2008

DL-00343

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Episode # 12225

Thu 26-Feb-2009 14:55 Page 1

Date	Days Elapsed	Activity	Description
Sun 05-Oct-2008	0	Injury/Illness	R THUMB M-C-P SPR 1 DEG EPISODE: 12225 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
Tue 07-Oct-2008	2	Treatments	1 ICE PACK
		Team Status	FULL PRACTICE/SHORTS
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	REPORTED TODAY THAT HE GOT HIS THUMB COUGHT IN A HELMET DURING THE GAME, AND THE THUMB WAS FORCED INTO HYPEREXTENSION. HE HAS EDEMA IN THE MCP JOINT, WITH PT ON THE UCL AND RCL LIG. PAIN WITH STRESS BOTH ON THE UCL AND RCL LIGS. HE AHS FULL ROM BUT HAS PAIN ON EXT AND FL OF THE JOINT,
Wed 08-Oct-2008	3	Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DNRT, WILL CLOSE AND OPEN IF HE TREATS.

DL-00344

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Episode # 12324

Thu 26-Feb-2009 14:55 Page 1

Date	Days Elapsed	Activity	Description
Sun 28-Sep-2008	0	Injury/Illness	N NECK CERVICAL SPR 1 DEG EPISODE: 12324 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
Sun 23-Nov-2008	56	Treatments	1 DR. ELROD 1 X-RAY
		Team Status	FULL PLAY IN GAME
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	POST GAME, DANIEL CAME IN TO SEE DR. ELROD APPARENTLY HE HAS BEEN HAVING NECK PAIN SINCE THE MINNESOTA GAME, HE HAS NOT GOTTEN ANY TREATMENT ON THIS OTHER THEN SEEING THE CHIROPRACTOR ON HIS WEEKLEY VISITS. HE IS COMPLAINING OF PAIN IN THE UPPER NECK WITH DISCOMFORT BUT NOT LOSS OF MOTION OR MUSCLE SPASM. HAS NOR ROM. WITH SOME DISCOMFORT UP AT THE BASE OF THE SKULL. DR. ELROD WANTED TO GET X RAYS THESE WERE NORAML.
		Doctor's Notes	DANIEL LOPER HIT HIS HEAD A FEW WEEKS AGO. PRESTON HAS WORKED WITH HIM A COUPLE OF WEEKS. HE HAS JUST BEEN SORE ON AND OFF, KIND OF AN ACHES AT THE BASE OF HIS SKULL AND OVER HIS POSTERIOR OCCIPUT. HE HAS A FULL RANGE OF MOTION OF HIS NECK BUT HE DOES HAVE A LITTLE DISCOMFORT WHEN YOU VERTICALLY LOAD IT. HE HAS A LITTLE DISCOMFORT WITH EXTREMES OF MOTION. HE CAN FORWARD FLEX, EXTEND AND TWIST AND ROTATE. HE SAYS HE'S JUST A LITTLE SORE BUT HE CAN DO ANYTHING HE WANTS TO DO. NEUROLOGICALLY, HE'S OKAY. HE'S ONLY TENDER AROUND HIS OCCIPUT BUT NOT OVER HIS SPINOUS PROCESSES. WE TOOK X-RAYS, FLEXION AND EXTENSION, ROTATION AND OBLIQUES. THE C1-C2 ARTICULATION LOOKS NORMAL. HE HASN'T TRIED ANYTHING FOR IT. SO WE'VE PUT HIM ON SOME MEDROL FOR A COUPLE OF DAYS. HE SAID HE CAN GO WITH IT AND IT'S JUST A MILD ACHES. I TOLD HIM IF IT GOT WORSE AT ALL WE'LL DO AN MRI. HE HAS BEEN PUTTING UP WITH IT A COUPLE OF WEEKS SO WE'RE JUST GOING TO WATCH IT. WE'LL SEE HOW HE DOES WITH THE MEDROL.
BURTON F. ELROD, M.D.			
Mon 24-Nov-2008	57	Team Status	FULL PLAY IN GAME
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	BB- DNRT, CAME THROUGH AND SAID THAT HE WAS TAKING THE DOSE PACK NOT REALLY MUCH TO DO. WILL CLOSE AND ADD TO AS NECESSARY.
Tue 25-Nov-2008	58	Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	BB- WILL CLOSE THE EPISODE AS HE IS NOT TREATING.
Sat 29-Nov-2008	62	Activity	CLEARED FOR FULL ACTIVITY

DL-00345

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Episode # 12111

Thu 26-Feb-2009 14:55 Page 1

Date	Days Elapsed	Activity	Description
Sun 31-Aug-2008	0	Injury/Illness	R MENISCUS LATERAL TEAR EPISODE: 12111 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
		Team Status	UNKNOWN/NOT SPCIFIED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DANIEL CAME IN TO THE TRAINING ROOM AFTER BEING IN HIS MEETINGS. HE INDICATED THAT HIS KNEE WAS SORE ON THE LATERAL SIDE, AND THAT HE JUST STOOD UP IN HIS MEEITNG AND HE FLET LIKE HIS KNEE GAVE OUT. HE HAS PT ON THE LATERAL JOINT LINE OF HIS KNEE, AS WELL AS THE POST ASPECT OF THE FIB HEAD. HE HAS SOFT TISSUE TENDERNESS BUT HE HAS A POSTITIVE MCMURRY, AND HAS MILD DISCOMFORT WITH CRUNCH TEST. HE DOES NOT REMEMBER DOING ANYTHING, HE DID SAY HE PLAYED GOLF YESTERDAY BUT DID NOT REALLY FEEL IT UNTIL TODAY.
Mon 01-Sep-2008	1	Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	BB- DID NOT COME IN FOR ANY TREATMENT SAID THAT AFTER I EXAMINED HIM HE FELT BETTER AND IT DID NOT BOTHER HIM AT ALL IN PRACTICE. HE DID NOT COME IN TODAY WILL CLOSE THE EPISODE AND ADD TO AS NECESSARY.

DL-00346

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 26-Feb-2009 14:55 Page 1

Episode # 11699

Date	Days Elapsed	Activity	Description
Tue 15-Apr-2008	0	Injury/Illness	R HIP SPR 1 DEG (NON-SPECIFIC) EPISODE: 11699 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
		Treatments	1 HOT WHIRLPOOL 1 ELECTRICAL STIM 1 EXERCISE
		Team Status	OFF SEASON
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DM - HISTORY OF HIS HIP BOTHERING HIM FOR ABOUT 3 WEEKS NOW, POINT TENDERNESS IN RIGHT SI JOINT IN BACK, SORENESS IN HIP FLEXOR AND IN LATERAL GLUT, INCREASED PAIN WITH STRAIGHT LEG RAISE, BUT NO INCREASE WITH SLR AND DF, DISCOMFORT WITH HIP INTERNAL ROTATION, WILL TRY TO GET HIM IN TO SEE DR. BYRD NEXT WEEK WHEN HE IS IN THE OFFICE. HE STRETCHED AND WENT THROUGH ALL THE OFF SEASON CONDITIONING.
Wed 16-Apr-2008	1	Activity	NO TREATMENT
		Trainer's Notes	DM - DID NOT COME IN TODAY.
Thu 17-Apr-2008	2	Treatments	1 HOT WHIRLPOOL 1 ELECTRICAL STIM 1 CHIROPACTOR 1 EXERCISE
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DM - BETTER TODAY, DECREASED SORENESS IN SI AND RIGHT HIP, STILL HURTS WHEN HE TRIES TO STRIDE OUT, GOOD ROM TODAY, NO SPASMS.
Fri 18-Apr-2008	3	Treatments	1 EXERCISE
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DM - FEELS BETTER TODAY, STILL HURTS IN RIGHT LOW BACK WITH HAMSTRING STRETCH, BUT NO INCREASE WITH DORSI FLEXION.
		Rehab Notes	BIKE, STRETCH
Mon 21-Apr-2008	6	Treatments	1 HYDROCOLLATOR PACKS 1 ELECTRICAL STIM 1 EXERCISE 1 DR. BYRD
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DM - FEELS BETTER TODAY, STILL FEELS SOME PAIN IN RIGHT SI ON FORWARD FLEXION, NORMAL ALL OTHER MOTIONS, STILL HAS PAIN WITH STRAIGHT LEG RAISE ON RIGHT SIDE. SENT TO DR. BYRD AFTER WORK OUT, HE FELT THAT IT WAS ALL SI PROBLEMS AND TO TREAT ACCORDINGLY.
Tue 22-Apr-2008	7	Treatments	1 HOT WHIRLPOOL 1 EXERCISE 3 JOINT MOBILIZATIONS
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	GK R SI JOINT IS STUCK AND NOT MOVING, DEC FOR MOTION OF R SI JOINT. PAIN ASSOCIATED WITH R SI DYSFUNCTION
		Rehab Notes	GK JOINT MOBS, BELT MOBS, LONG AXIS TRACTION WITH IR, SI MOBS, PPU, 2 LEG BRIDGE, PRONE OPP ARM/LEG
Wed 23-Apr-2008	8	Treatments	1 HOT WHIRLPOOL 1 CHIROPACTOR 1 EXERCISE 2 JOINT MOBILIZATIONS

(Continued...)

DL-00347

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 26-Feb-2009 14:55 Page 2

Episode # 11699

Date	Days Elapsed	Activity	Description
		Activity	TREATMENT, REHAB, CONDITIONING
		Trainer's Notes	DOING BETTER R SI IS MOVING BETTER TODAY, MOVING NORMAL POST TREATMENT
		Rehab Notes	GK JT MOBS, TRACTION, 2 LEG BRIDGE, SUPERMAN, PRONE OPP ARM/LEG, PPU
Thu 24-Apr-2008	9	Treatments	1 HOT WHIRLPOOL 1 CHIROPACTOR 1 EXERCISE 1 JOINT MOBILIZATION
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	GK R SI IS MOVING BETTER AND WAS MOVING NORMAL BY PM
		Rehab Notes	GK JOINT MOBS, BELT MOBS, LONG AXIS TRACTION WITH IR, SI MOBS, PPU, 2 LEG BRIDGE, PRONE OPP ARM/LEG
Fri 25-Apr-2008	10	Treatments	1 HOT WHIRLPOOL 1 EXERCISE 1 JOINT MOBILIZATION 1 WEIGHT ROOM
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	GK SI IS MOVING AND WORKING NORMAL, FULL FORWARD FLEXION AND PAIN FREE ROM
		Rehab Notes	GK JOINT MOBS, BELT MOBS, LONG AXIS TRACTION WITH IR, SI MOBS, PPU, 2 LEG BRIDGE, PRONE OPP ARM/LEG
Mon 28-Apr-2008	13	Treatments	1 HOT WHIRLPOOL 1 EXERCISE 1 JOINT MOBILIZATION
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	GK R SI IS MOVING FINE, NO PROBLEMS, NORMAL PAIN FREE MOTION
		Rehab Notes	GK PPU, BRIDGE, PRONE OPP ARM/LEG
Tue 29-Apr-2008	14	Treatments	1 HYDROCOLLATOR PACKS 1 EXERCISE
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DM - FEELS GOOD TODAY, DID NOT HURT SPRINTING YESTERDAY, NOT SORE TODAY, NORMAL ROM AND MOVEMENT.
		Rehab Notes	TREADMILL, STRETCH, BACK STABILIZATION EXERCISES.
Wed 30-Apr-2008	15	Activity	NO TREATMENT
		Trainer's Notes	DM - DID NOT COME IN TODAY.
Thu 01-May-2008	16	Treatments	1 EXERCISE 1 JOINT MOBILIZATION
		Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	GK FULL ROM AND GOOD SI MOTION. WILL CONT TO TX AS NEEDED

DL-00348

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Episode # 11695

Thu 26-Feb-2009 14:55 Page 1

Date	Days Elapsed	Activity	Description
Tue 08-Apr-2008	0	Injury/Illness	L ANKLE ANT TALOFIBULAR SPRAIN, 1ST DG EPISODE: 11695 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
		Treatments	1 ICE PACK 1 COMPRESSION WRAP/SLEEVE 1 ELECTRICAL STIM
		Team Status	INJURED DURING PRACTICE
		Activity	INJURED DURING PRACTICE
		Trainer's Notes	DM - GOT ROLLED UP ON IN PRACTICE AND INJURE HIS ANKLE AND KNEE, INVERSION SPRAIN OF ANKLE WITH POINT TENDERNESS ON ATF AND ON POST MEDIAL ANKLE ALSO, NORMAL ROM, BILATERAL LAXITY WITH HISTORY OF SURGICAL REPAIR TO OTHER ANKLE, NO SWELLING, GOOD STRENGTH.
Wed 09-Apr-2008	1	Treatments	1 ICE PACK 1 ELECTRICAL STIM 1 LASER 1 LIGHT THERAPY 1 EXERCISE
		Team Status	OFF SEASON
		Activity	TREATMENT, REHAB, CONDITIONING
		Trainer's Notes	GK NO ANKLE SWELLING, FULL ROM NO INSTABILITY, MILD SORENESS POST TO THE MEDIAL MALLEOLUS.
Thu 10-Apr-2008	2	Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	BB- NO RES IS FEELING MUCH BETTER NO TREATMENT.

DL-00349

Episode Summary by Player

Active Players (All Episodes) - On Per Page - Tennessee Titans

Report Date: 03/06/2008 Page 35

Onset	Closed Date	Side	BodyPart	Injury	Episode	Duration	Status	WC	OSHA
LOPER, Daniel									
21-Jun-07	25-Jun-07	L	Knee	Hyperextension Spr 1 Deg	11083	4	C		Y
29-Jul-07	30-Jul-07	L	Thumb	Contusion	11132	1	C	Y	Y
03-Aug-07	26-Aug-07	L	Wrist	Ext Carpi Ulnaris Tndn Str 1	11199	23	C	Y	Y
28-Oct-07	31-Oct-07	L	Hip	Contusion	11517	3	C	Y	Y
04-Nov-07	09-Nov-07	R	Finger	Laceration	11527	5	C	Y	Y
06-Jan-08	07-Jan-08	R	Elbow	Sprain/Medial 1 Deg	11669	1	C	Y	Y
05-Feb-08	07-Feb-08	R	Shoulder	Rot Cuff Str 1 Deg	11675	2	C	Y	Y
					7				

E-Ballot 01/07/2021

DL-00350

03/2020 DICC Med Page 110

Episode Summary by Player

Tennessee Titans Active Players (All Episodes) - One Per Page

Report Date: 12/26/2007 Page 39 ~

Onset	Closed Date	Side	BodyPart	Injury	Episode	Duration	Status	WC	OSHA
LOPER, Daniel									
21-Jun-07	25-Jun-07	L	Knee	Hyperextension Spr 1 Deg	11083	4	C		Y
29-Jul-07	30-Jul-07	L	Thumb	Contusion	11132	1	C	Y	Y
03-Aug-07	26-Aug-07	L	Wrist	Ext. Carpi. Ulnaris Tndn Str 1	11199	23	C	Y	Y
28-Oct-07	31-Oct-07	L	Hip	Contusion	11517	3	C	Y	Y
04-Nov-07	09-Nov-07	R	Finger	Laceration	11527	5	C	Y	Y
					5				

E-Ballot 01/07/2021

03/2020 DICG Med Page 111

DL-00351

Confidential Information

NFL_ALFORD-0001063

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 06-Mar-2008 15:39 Page 1

Episode # 11669

Date	Activity	Description
Sun 06-Jan-2008	Injury/Illness	R ELBOW EPISODE: 11669
Mon 07-Jan-2008	Treatments	1 DR. BYRD 1 BRACE
	Trainer's Notes	DAN CAME IN TODAY FOR CK OUT PHYSICAL AND INDICATE THAT HE GOT HIS ELBOW HIT IN THE GAME. HE WAS SORE OVER THE UCL MILD DISCOMFORT WITH STRESS. DR. BYRD EXAMINED FEELS IT WILL BE OK, WILL CK BACK IF IT DOES NOT SETTLE DOWN.

DL-00352

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 06-Mar-2008 15:39 Page 1

Episode # 11517

Date	Activity	Description
Sun 28-Oct-2007	Injury/Illness	L HIP EPISODE: 11517
	Treatments	1 ICE PACK
	Trainer's Notes	REPORTED AT HALF TIME, INJURED ON EARLY SPECIAL TEAMS PLAY WHERE HE GOT HIT IN THE L HIP. SOFT TISSUE, ILLIAC CREST. WAS SORE TO TOUCH, EXAMINED AND FELT TO BE SOFT TISSUE, CONTINUED TO PLAY IN GAME. POST GAME, SORE BUT FUNCTIONABLE.
Mon 29-Oct-2007	Treatments	1 ICE MASSAGE 1 ELECTRICAL STIM
	Trainer's Notes	BB- SORE OVER THE ILLIAC CREST AND SOFT TISSUE, HURTS TO MOVE IN ALL DIRECTIONS, EXAM HE HAS MILD TO MOD TENDERNESS ON THE SOFT TISSUE JUST ANTERIOR AND OVER THE ILLIAC CREST. WITH MILD STR. ROM IN THE HIPS AND BACK ARE LIMITED BY DISCOMFORT. TRIED TO LIFT AND WAS LIMITED BECASUE OF THE DISCOMFORT.
Tue 30-Oct-2007	Treatments	1 MISSED TREATMENT
	Trainer's Notes	DID NOT COME IN FOR ANY TREATMENT.
	Trainer's Notes	BB- HE DID NOT REC ANY TREATMENT, CAME THOUGH ON HIS WAY TO PRACTICE AND HAS ECC AND TENDERNESS ON THE ILLIAC CREST AND SOFT TISSUE OF THE SIDE. DID NOT DO ANY TREATMENT WILL CLOSE AND ADD TO IF NECESSARY.
Wed 31-Oct-2007	Treatments	1 ICE PACK

DL-00353

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 06-Mar-2008 15:39 Page 1

Episode # 11132

Date	Activity	Description
Sun 29-Jul-2007	Injury/Illness	L THUMB EPISODE: 11132
	Treatments	1 ICE PACK
	Trainer's Notes	BB - PM PRACTICE BLOCKING NAD HIT HIS HAND, HAD ECC AND SWELLING ON THE PALM OF HIS HAND OVER THE APPRONOSES OF THE THUMB. CONTINUED TO PLAY REPORTED POST PRACTICE . ONLY WANTED SOME ICE.
Mon 30-Jul-2007	Trainer's Notes	BB- AM DID NOT COME IN FOR ANY TREAMENT WILL CLSOE THE EPISIDOE

DL-00354

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Episode # 11083

Thu 06-Mar-2008 15:39 Page 1

Date	Activity	Description
Thu 21-Jun-2007	Treatments	1 ICE PACK 1 ELECTRICAL STIM
Thu 21-Jun-2007	Injury/Illness	L KNEE EPISODE: 11083
	Trainer's Notes	PRACTICE 3RD PERIOD. GOT HIT IN THE KNEE AND CAUSED HIM TO HYPEREXTEND THE KNEE. HE HAS MILD TO MOD TENDERNESS IN THE POST KNEE BUT IS SORE IN THE GASTROC MEDIAL SIDE. NO SWELLING OR SPAMS BUT UNABLE TO WORK IN PRACTICE AND WAS PULLED. POST WAS PT IN THE CALF, AND POST KNEE.
Fri 22-Jun-2007	Treatments	2 ICE PACKs 1 ELECTRICAL STIM
	Trainer's Notes	FELT BETTER NOT AS SORE TODAY EXAM HAS MILD TENDERNESS ON THE POST KNEE AND UPPER GASTROC ATTACHMENT. NOT THE PAIN IN CALF TO DAY AS YESTERDAY FRONT OF THE KNEE IS FINE. STILL HAS DISCOMFORT ON HYPEREXTENSION IN THE POST KNEE. NO SWELLING WORKED FULL IN PRACTICE WITH NO RES.
Mon 25-Jun-2007	Treatments	1 ICE PACK
	Trainer's Notes	FULL GO, MILD RESIDUAL SORENESS, FULL RUNNING IN OFF SEASON PROGRAM

DL-00355

LOPER, Daniel

August 23, 2005 – Practice

Daniel Loper has an injury to his proximal interphalangeal joint of his left little finger. He says he has hurt it before and had a little bit of inability to extend it. It's swollen at the proximal interphalangeal joint. It's in place. You can flex the profundus. He just can't extend it completely. Passively, you can almost get it extended and I think he jammed it, so we went ahead and splinted it with a little Dynamic splint in extension and see if we can get this rested and calmed down. I've given him some ketoprofen to rub on this and put a small compression on this.

Burton F. Elrod, M.D.
T-30/August/05-mm

DL-00356

Player Treatment History

106687 **LOPER, DANIEL**

9737 **Right SHOULDER SUBSCAPULARIS STR 1 DEG**

Opened: 8/2/2005

Returned: 8/9/2005

Closed: 8/21/2005

Current Status

Player Cleared for full activity

Team Episode Closed

League Not Reported

OSHA Req: Yes

OSHA Status Returned to normal work

Activity Blocking

During Practice A.M.

During Game

During Day

Temperature Hot 80+

AM PRACTICE REPORTED POST PM PRACTICE, AM PRACTICE WAS BLOCKING AND GOT HIT ON THE SHOULDER. HE WAS BLOCKING AND GOT ARM PUSHED OFF AND FELT IT AGAIN. IT SETTLED DOWN AND THEN BETWEEN PRACTICES WAS REALLY NOT SORE AT ALL. PM PRACTICE WAS BLOCKING AGAIN AND WENT TO PULL ANOTHER PLAYER TOWARD HIM, INTERNALLY ROTATING THE SHOULDER AND GOT A SHARP PAIN IN THE SHOULDER. PAIN IS IN THE AND POST DELTOID REGION AND HAS A BRUISE ON THE DELTOID, BUT STRENGTH LOSS IS MOST SIGNIFICANT IN INT ROTATION WITH MOD STRENGTH LOSS. DR. BYRD EXAMINED POST PM PRACTICE

Climate Humid

Surface Natural

Surface Cond Normal

8/2/2005	BROWN	Injured During Practice	Not Reported
	BYRD	Injured During Practice	Returned to normal work

Qty	Procedure
1	DOCTOR
1	ICE PACK
1	ELECTRICAL STIM

8/2/2005	BROWN	Injured During Practice	Not Reported
	BYRD	Injured During Practice	Returned to normal work

Qty	Procedure
1	DOCTOR
1	ICE PACK
1	ELECTRICAL STIM

8/3/2005	BROWN	Cleared for full activity	Not Reported
		Walk Through	Returned to normal work

Qty	Procedure
2	ICE PACK
1	ICE MASSAGE
2	ELECTRICAL STIM

STILL PRETTY SORE ON THE DELTOID AND PAINFUL WITH INT ROT. ONE XAM HE HAS MILD ECC AND TENDERNESS OVER THE POST DELTOID AND CUFF INSERTION POSTERIORLY. STRENGTH IS 4/5 IN INT ROTATION WITH 4+5 IN ALL OTHER PATTERNS. HAS + APPREHENSION ON AB/EXT. ROTATION BUT DOES NOT FEEL HE IS SUB AT ALL. PASSIVE ROM.

Player Treatment History

106687

LOPER, DANIEL

8/3/2005 BROWN

Treatment, rehab, & cond

Not Reported

ELROD

Limited Practice

Returned to normal work

Qty	Procedure
1	DOCTOR
2	ICE PACK
1	ICE MASSAGE
1	ELECTRICAL STIM

STILL ABOUT THE SAME IN THE PM DR. ELROD EXAMINE AND FEEL TI IS MOST LIKELY THE INSERTION OF THE SUB SCAP.

8/4/2005 BROWN

Treatment, rehab, & cond

Not Reported

ELROD

Limited Practice

Returned to normal work

Qty	Procedure
1	X-RAY
1	DOCTOR
1	ICE PACK
1	ICE MASSAGE
1	EXERCISE
1	MRI

STILL PRETTY SORE THIS AM AND TODAY IS MORE SORE ON THE ANT SHOULDER AT THE ATTACHMENT OF THE SUB SCAP. DR. ELROD EXAMINED AGAIN AND THEN SENT DOWN FOR AN MRI.

LINERA PATTERNS, DUMBELLS, AND BANDS

8/4/2005 BROWN

Treatment, rehab, & cond

Not Reported

BYRD

Limited Practice

Returned to normal work

Qty	Procedure
1	DOCTOR
1	ICE PACK
1	ICE MASSAGE
1	EXERCISE

SAME DR ELROD CALLED AND INIDCATED THAT THE MRI SHOWED THAT HE HAS INJURED THE SUB SCAP AT THE MT JUNCTION OF THE INSERTION. THIS APPEARS TO BE A SMALL TEAR, AS WHELL AS OLD LABRAL CYST, HE DOES NOT THINK THIS SHOULD BE SURGICALLY FIXED AND THAT IT SHOULD DO WELL WITH TREATMENT AND STRENGTHENING. BCB TALKED TO DR. BYRD ABOUT THE RESULTS WHO THEN TALKED WITH DANIEL EXPLAINING THE RESULTS.

LINEAR PATERNS, BANDS AND DUMBELLS

8/5/2005 BROWN

Treatment, rehab, & cond

Not Reported

ELROD

Limited Practice

Returned to normal work

Qty	Procedure
2	ICE PACK
3	ELECTRICAL STIM
2	EXERCISE
1	DOCTOR
1	COMBO EMS/US

FEELING BETTER TODAY STRENGTH IS IMPROVING, ON EXAM HE STILL HAS TENDERNESS IN THE ANTERIOR SHOULDER, HIS STRENGTH IN ALL SHOULDER PATTERNS IS IMPROVING, NO SWELLING OR SPASM, DR. ELROD WAS OUT IN THE AM AND TALKED WITH HIM ABOUT HIS MRI,

8/6/2005 BROWN

Treatment, rehab, & cond

Not Reported

BYRD

Limited Practice

Returned to normal work

Qty	Procedure
1	ICE PACK
1	HYDROCOLLATOR
1	EXERCISE
1	DOCTOR

FEELING BETTER TODAY STRENGT IS STARTING TO RETURN STILL 4+/5 ON INT ROTATION, BETTER HIGH THEN DOWN AT SIDE BUT IS IMPROVING, NO SWELLING NOTED ROM IS GOOD IN ALL DIRECTIONS,

LINEAR PATTERNS, DUMBELLS, BANDS, SLIDE BOARD CIRCLES, ON KNEES

DL-00358

Player Treatment History

106687

LOPER, DANIEL

8/7/2005 MOSELEY

Treatment, rehab, & cond
Limited Practice

Not Reported

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK
1	ELECTRICAL STIM

BETTER TODAY, INCREASED STRENGTH IN INTERNAL ROTATION, STILL HAS PAIN AND WEAKNESS IN INTERNAL ROTATION WITH ARM ADDUCTED, NORMAL ROM

LINEAR PATTERNS MRE, INT & EXT ROTATION MRE, CH STAB MRE, BANDS INT & EXT ROTATION, DUMBBELL ROUTINE, SLIDE BOARD CIRCLES

8/7/2005 MOSELEY

Treatment, rehab, & cond
Limited Practice

Not Reported

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

LINEAR PATTERNS MRE, INT & EXT ROTATION MRE

8/8/2005 KAPLAN

Treatment, rehab, & cond
Limited Practice

Not Reported

Work at reassigned job

Qty	Procedure
1	HOT WHIRLPOOL
1	COMBO EMS/US
1	EXERCISE
1	ICE PACK

DID INDIV. PERIOD, IR STRENGTH 4+/5 WITH ALL OTHER MMT 5/5

UBE, MRE ER/IR, SCAP. SCAP PUNCHES, DUMBBELLS 4 WAY, BAND ER/IR

8/8/2005 MOSELEY

Treatment, rehab, & cond
Limited Practice

Not Reported

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

INDIVIDUAL PERIOD ONLY IN PM.

UBE, LINEAR PATTERNS, INT & EXT ROTATION MRE, BAND INT & EXT AT 90 DEGREES., BOSU PUSH UPS, BODY BLADE, DUMBBELL ROUTINE

8/9/2005 BROWN

BYRD

Drills, & individual periods
Limited Full/Hel & S Pad

Not Reported

Work at reassigned job

Qty	Procedure
1	EXERCISE
1	ICE PACK
1	HOT WHIRLPOOL
1	HYDROCOLLATOR
1	COMBO EMS/US
1	ELECTRICAL STIM

BETTER BUT WAS PRETTY SORE FROM ALL THE EX YESTERDAY. ON EXAM HE HAS IMPROVED STRENGTH IN ALL MOTIONS, AND THE ROM IS GOOD IN THE SHOULDER. HE CONTINUES TO FATIGUE. HE WAS ABLE TO GO THROUGH PRACTICE IN THE PM INDIVIDUAL WITH NO RES.

MANUALS, PNF, FUNCTIONAL, DUMBBELLS, BANDS

DL-00359

Player Treatment History

106687

LOPER, DANIEL

8/10/2005 KAPLAN

Drills, & individual periods
Limited Full/Shorts

Not Reported

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	COMBO EMS/US
1	SOFT TISSUE MASSAGE
1	EXERCISE
1	ICE PACK

INCREASED SORENESS TODAY BUT DOES HAVE
INCREASED STRENGTH

UBE, STRETCH, BAND ER/IR AND DUMBELL 4 WAY

8/10/2005 KAPLAN

Practice but controlled act
Limited Full/Shorts

Not Reported

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	LASER
1	EXERCISE
1	ICE PACK

UBE, STRETCH, BAND ER/IR

8/11/2005 BROWN
ELRODCleared for full activity
Full Pract/Shorts

Not Reported

Work at reassigned job

Qty	Procedure
1	EXERCISE
1	ICE PACK
1	HYDROCOLLATOR
1	COMBO EMS/US
1	ELECTRICAL STIM

FEELING OK, STILL HAS GENERAL MILD TO MOD PAIN AT
NIGHT BUT STRENGTH AND MOTION ALL SEEM TO BE
IMPROVING. WORKED IN PRACTICE IN THE AM. AND
THEN EX IN THE PM.

FULL EX ROUTINE, PM,

8/12/2005 KAPLAN

Treatment, rehab, & cond
Meetings Only

Not Reported

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

STILL HAS MILD IR WEAKNESS COMPARED TO L
SHOULDER

UBE, MRE, DUMBBELLS AND BAND ER/IR

8/12/2005 KAPLAN

Cleared for full activity
Full Play in Game

Not Reported

Work at reassigned job

8/13/2005 KAPLAN

Treatment, rehab, & cond
Treat Only Day/Off

Not Reported

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

SORE TODAY BUT NOT SINGIFCANTLY MORE THAN
DURING THE WEEK. GOOD STRENGTH, 1/2 DIFFERNECE R
COMPARED TO L WITH IRUBE, MRE ER/IR, SCAP PUNCHES, DUMBBELLS 4 WAY,
BAND ER/IR, SLIDE BD WAX ON/OFF, BODYBLADE

DL-00360

Player Treatment History

106687

LOPER, DANIEL

8/13/2005 KAPLAN

No Treatment

Not Reported

Treat Only Day/Off

Work at reassigned job

8/14/2005 MOSELEY

Treatment, rehab, & cond

Not Reported

Shake Out

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

FEELS GOOD, INCREASED STRENGTH, NORMAL ROM, DID NOT BOTHER HIM IN LIMITED ACTION IN GAME.

FULL REHAB, LINEAR PATTERNS MRE, INT & EXT ROTATION MRE, DUMBELL ROUTINE, BANDS, GH STABILIZATION

8/14/2005 MOSELEY

Treatment, rehab, & cond

Not Reported

Limited Full/Shorts

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	SOFT TISSUE MASSAGE
1	EXERCISE
1	ICE PACK

UBE, STRETCH

8/15/2005 KAPLAN

Practice but controlled act

Not Reported

BYRD

Limited Full/Hel & S Pad

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	COMBO EMS/US
1	SOFT TISSUE MASSAGE
1	EXERCISE
1	ICE PACK
1	DOCTOR

DOING BETTER, STILL SORE BUT ROM AND STRENGTH ARE NEAR NORMAL

UBE, STRETCH, MRE ER/IR, PNF D1/D2

8/15/2005 MOSELEY

Practice but controlled act

Not Reported

Limited Full/Shorts

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

8/16/2005 MOSELEY

Treatment, rehab, & cond

Not Reported

Full Pract/Shorts

Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

SORE TODAY FROM PRACTICE YESTERDAY, INCREASED STRENGTH, STILL A LITTLE WEAK AND SORE IN INTERNAL ROTATION WITH ARM AT SIDE.

UBE, SHOULDER LINEAR PATTERNS, GH STAB, DUMBELL ROUTINE, BANDS INT & EXT ROTATION

DL-00361

Player Treatment History

106687

LOPER, DANIEL

8/16/2005 KAPLAN

Cleared for full activity
Full Pract/Full PadsNot Reported
Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	LASER
1	ULTRASOUND
1	SOFT TISSUE MASSAGE
1	ICE PACK

PNF D1/D2, GH STAB, MRE ER/IR

8/17/2005 KAPLAN

Cleared for full activity
Full Pract/ShortsNot Reported
Work at reassigned job

Qty	Procedure
1	HYDROCOLLATOR
1	EXERCISE
1	ICE PACK

MODERATE SORENESS, GOOD ROM AND GOOD STRENGTH
IN ALL MOTIONSFULL SHOULDER EX PROGRAM AS DAY BEFORE. GH STAB
BODY BLADE

8/17/2005 MOSELEY

Cleared for full activity
Full Pract/ShortsNot Reported
Work at reassigned job

Qty	Procedure
1	ACTIVE RELEASE THERA
1	HYDROCOLLATOR
1	ICE PACK

8/18/2005 BROWN

Cleared for full activity
Full Pract/ShortsNot Reported
Work at reassigned job

DID NOT REC ANY TREATMENT.

8/19/2005 BROWN

Cleared for full activity
Full Play in GameNot Reported
Returned to normal work

PLAYED FULL IN GAME WITH NO RES

8/20/2005 KAPLAN

Cleared for full activity
Treat Only Day/OffNot Reported
Returned to normal work

Qty	Procedure
1	EXERCISE
1	ICE PACK

MILD SORENESS POST GAME, FULL ROM AND 5/5 NORMAL
STRENGTH

FULL SHOULDER EX PROGRAM

8/21/2005 MOSELEY

Cleared for full activity
Episode ClosedNot Reported
Returned to normal workDID NOT RECEIVE TREATMENT IN AM, IS DOING
MAINTENANCE REHAB ONCE A DAY. END EPISODE.

Date	Medication	Description	Trainer
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DL-00362

Player Treatment History

106687

LOPER, DANIEL

8/2/2005	3	Naprosyn tablet 500 mg	BY
8/3/2005	30	Naprosyn tablet 500 mg	EL
8/12/2005	1	Toradol oral anti inflam	EL
8/19/2005	1	Toradol oral anti inflam	EL

DL-00363

Player Treatment History

106687 **LOPER, DANIEL**

9682 **Right FINGER SPRAIN 1 DEG (NON-SPECIFIC)**

Opened: 6/17/2005 Returned: 6/20/2005

Closed: 6/20/2005

Current Status

Player Cleared for full activity

Team Episode Closed

League Not Reported

OSHA Req: Yes

OSHA Status Returned to normal work

Activity Blocking

During Mini Camp

During Game 1st quarter

During Day

Temperature Warm 60-79

Climate Normal

Surface Natural

Surface Cond Normal

BLOCKING AND GOT 5TH FINGER PULLED BACK, BUDDY TAPED AND FINISHED PRACTICE. ON EXAM POST PRACTICE, POINT TENDERNESS IN PROX PHALANX AND MP JOINT, MILD SWELLING, GOOD ROM. HE DID NOT WANT TO GET AN X-RAY AT THIS TIME.

6/17/2005 **MOSELEY**

Injured During Practice

Not Reported

Injured During Practice

Returned to normal work

Qty	Procedure
1	ICE PACK
1	CAST/SPLINT
1	COMPRESSION WRAP

6/20/2005 **BROWN**

Cleared for full activity

Not Reported

Episode Closed

Returned to normal work

6/20/2005 **MOSELEY**

Cleared for full activity

Not Reported

Episode Closed

Returned to normal work

SAID IT FEELS FINE, PRACTICED FULL, END EPISODE.

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM ROD MARTIN
DATE OF EXAM: OCTOBER 10, 2010
P ER: LOPER, DANIEL

DIAGNOSIS: Right ankle sprain.

The player suffered an injury to his right ankle. The player is having significant pain in the region of the injury to his right ankle. He requested and was given 3 Vicodin. The player was given instructions on using the medication and told specifically not to engage in operating machinery including driving while under the influence of the medication. He was also instructed not to use other medications or alcoholic beverages while using the medication, because of the significant dangers associated with combined drug and alcohol use.

Warren King, M.D.

WK:mdf

DL 00365

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM ROD MARTIN
DATE OF EXAM: OCTOBER 11, 2010
PI ER: LOPER, DANIEL

INJURY REPORT

CHIEF COMPLAINT: Right ankle pain.

HISTORY: Daniel suffered an injury to his right ankle yesterday while participating and playing in the game. He suffered an inversion type of injury. X-rays were obtained at the stadium which showed what appeared to be a nonunited old avulsion fracture of the distal aspect of the lateral malleolus. He was taped but unable to return to play. He comes in today stating his ankle has not significantly changed since yesterday. He has tenderness over the anterolateral aspect of the ankle and ligaments of the anterior tibiofibular ligament, the calcaneofibular ligament and the anterior talofibular ligament. He also has some tenderness over the midthird distal third fibula. X-rays in this area however do not reveal any obvious fracture.

ASSESSMENT: Inversion type sprain right ankle with old chronic avulsion fracture with fibrous nonunion.

DISCUSSION: A lengthy and comprehensive discussion was carried out with the player regarding the nature of his condition and the treatment alternatives available to him. With an expressed understanding of the various treatment options available to him as well as the risks and benefits associated with each of the treatment alternatives he elects to have treatment in the training room with progression of activities as tolerated. He will follow-up in the training room on a daily basis.

Warren King, M.D.
WK:mdf

DL 00366

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Elbow, musculo-skeletal

Onset: 09/09/2010 Return: 10/06/2010

Daniel re-injured his elbow that was originally injured during training camp. He was blocking on a bag during individuals and loaded on his left elbow. Point tenderness still at distal end of triceps above olecranon. CC

<u>Seen</u>	<u>Details</u>	<u>Seen by</u>	<u>Location</u>	<u>Participation Status</u>
09/09/10 06:43 am	HOT PACK: 10 MIN	CORTEZ, CHRIS	[Deleted category (01)]	FULL PARTICIPATION
09/20/10 02:00 pm	MASSAGE	TOUCHET, SCOTT	[Deleted category (01)]	FULL PARTICIPATION

Injury/Illness Report

LOPER, DANIEL

Lumbar Facet Syndrome

General

Side () Injured:	Left	Reinjury:	No	Closed:	8/18/2011
Clinical impressions:	Lumbar Facet Syndrome				
Injury occurred on team:	The Oakland Raiders				
Onset of injury:	8/13/2011	Days missed:	1		
Removed from participation:	8/15/2011	Games missed:	0		
Return to full participation:	8/17/2011	Practices missed:	0		
Description of onset:	Daniel said he originally hurt his lower back the same day he hurt his knee during practice. He reported to the training room in the morning c/o left low back pain w/ ext and side bending. Point tenderness lat. to SP's. He was unable to finish practice in the afternoon. Dr. Strudwick evaled. CC				
Primary mechanism:	Indirect Force	Nature of injury:	SUBACUTE INJURY: Gradual Onset		

Onset Details

Team activity:	<Other> [20]: PRAC/Skill Training				
Athlete's position:	OFFENSIVE LINE: OFF-Guard	Team's action:	PRACTICE/CONTACT		
Athlete's action:	OTHER/NO CONTACT: Sprinting/Running	Activity segment:	2nd Quart/ 1/4 Pract		
Protective device:	Customary Uniform				

Initial Response

Tests:	CLINICAL EXAM, Palpation Exams, Flexibility Tests	Management:	THERAPEUTIC MODALITY		
Seen by:	CORTEZ, CHRIS	Action taken:	NOT HOSPITALIZED		
Referred to:	STRUDWICK, DR. WARREN				
Response notes:					

Initial Assessment

Strength:	Swelling:	
Range of motion:	Pain:	
Stability:	Functional level:	0 %
Assessment notes:		

Injury/Illness Report

LOPER, DANIEL

Lumbar Facet Syndrome

General

Side injured:	Left	Reinjury:	No	Closed:	8/18/2011
Clinical impressions:	Lumbar Facet Syndrome				
Injury occurred on team:	The Oakland Raiders				
Onset of injury:	8/13/2011	Days missed:	1		
Removed from participation:	8/15/2011	Games missed:	0		
Return to full participation:	8/17/2011	Practices missed:	0		
Description of onset:	Daniel said he originally hurt his lower back the same day he hurt his knee during practice. He reported to the training room in the morning c/o left low back pain w/ ext and side bending. Point tenderness lat. to SP's. He was unable to finish practice in the afternoon. Dr. Strudwick evaled. CC				
Primary mechanism:	Indirect Force	Nature of Injury:	SUBACUTE INJURY: Gradual Onset		

Onset Details

Team activity:	<Other> [20]: PRAC/Skill Training				
Athlete's position:	OFFENSIVE LINE: OFF-Guard	Team's action:	PRACTICE/CONTACT		
Athlete's action:	OTHER/NO CONTACT: Sprinting/Running	Activity segment:	2nd Quart/ 1/4 Pract		
Protective device:	Customary Uniform				

Initial Response

Tests:	CLINICAL EXAM, Palpation Exams, Flexibility Tests	Management:	THERAPEUTIC MODALITY		
Seen by:	CORTEZ, CHRIS	Action taken:	NOT HOSPITALIZED		
Referred to:	STRUDWICK, DR. WARREN				
Response notes:					

Initial Assessment

Strength:		Swelling:	
Range of motion:		Pain:	
Stability:		Functional level:	0 %
Assessment notes:			

Problem Report

LOPER, DANIEL

Clavicle, musculo-skeletal

Problem occurred on team:	The Oakland Raiders
Problem:	Clavicle, musculo-skeletal
Side of body affected:	Left
Onset of problem:	8/20/2011
Reported by athlete:	8/20/2011
Discharged:	9/3/2011
Description of onset:	Daniel took a blow to his L. Clavicle near the A/C joint. He was able to finish his plays. He was evaluated by Dr. King and had xrays in the lockerroom which were negative. BST

F. GENERAL

- 1 Last Tetanus Shot (approximate) YES
- 2 Allergy or Allergic Reaction to any medication and or food (Penicillin, fish, etc) N/A
- 3 Taken any over the counter or prescription medications during the past three (3) months N/A
- 4 Ever had a complete medical examination? If so when, PHYSICALS
- 5 Ever had any surgery (operation)? If so what type? (R) ANKLE '94 (L) LOWER LEG IMPACT SYNDROME '08
- 6 Please circle if you have had any of these childhood illnesses: MUMPS CHICKEN POX MEASLES
- 7 Ever had any illness, surgery or injury other than those you noted and listed in the MEDICAL or ORTHOPEDIC Questionnaires?
LACERATED SPLEEN '06

ORTHOPEDIC HISTORY QUESTIONNAIRE

HAVE YOU EVER INJURED OR CONSULTED A DOCTOR ABOUT ANY INJURY TO THE:

Check each item	Yes		No		Yes		No	
	L	R	L	R	L	R	L	R
100. HEAD								
a. Unconscious								
b. Dazed								
c. Knocked Out								
d. Headaches								
e. Operations								
f. Hospitalized								
g. Missed Practice								
h. Missed Games								
i. X-rays, CT, MRI								
j. Pains								
k. Other								
l. Fractures								
101. NECK								
a. Stretches								
b. Pinches								
c. Fractures								
d. Dislocations								
e. Sprain/Strain								
f. Burners								
g. Disk Injury								
h. Injections								
i. X-rays, CT, MRI								
j. Operations								
k. Pains								
l. Missed Practice								
m. Missed Games								
n. Other								
102. UPPER BACK								
a. Sprain/Strain								
b. Nerve pinches								
c. Disk Injury								
d. Fractures								
e. Operations								
f. Hospitalized								
g. Pains								
h. Injections								
i. Fractured Ribs								
j. Missed Practice								
k. Missed Games								
l. Other								
103. LOWER BACK								
a. Sprain/Strain								
b. Nerve pinches								
c. Disk Injury								
d. Fractures								
e. Operations								
f. Hospitalized								
g. Pains								
h. Injections								
i. Referred pain								
j. Missed Practice								
k. Missed Games								
l. Bruise								
104. SHOULDER								
a. A-C Separations								
b. Dislocation								
c. Partial Dislocate								
d. Tendonitis								
e. Bursitis								
f. Injections								
g. Sprain/Strain								
h. Operations								
i. Pains								
j. Missed Practice								
k. Missed Games								
l. Bruise								
105. ARMS								
a. Fractures								
b. Calcium Deposit								
c. Injections								
d. Operations								
e. Missed Practice								
f. Missed Games								
g. Pains								
h. Casted								
i. Bruise								
j. Other								
106. ELBOWS								
a. Sprain/Strain								
b. Pains								
c. Fractures								
d. Dislocation								
e. Tendonitis								
f. Injections								
g. Casted								
h. Operations								
i. Missed Practice								
j. Missed Games								
k. Bursitis								
l. Other								
107. WRISTS								
a. Sprain/Strain								
b. Pains								
c. Fractures								
d. Dislocation								
e. Tendonitis								
f. Injections								
g. Casted								
h. Operations								
i. Missed Practice								
j. Missed Games								
k. Other								

DL-00371

HEALTH HISTORY

Name: DANIEL LOPEZDate: 10/18/11

Check each item	YES		NO			YES		NO	
	L	R	L	R		L	R	L	R
108. HANDS / FINGERS					111. KNEES Continued				
a. Sprain/Stain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	l. Missed Games			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pains			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	m. Bruise		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Fractures			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n. Bursitis		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Dislocations	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	o. Swelling		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Injections			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	p. Locking			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Casted/Splints			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	q. Giving Away			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Operations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	r. Arthrograms			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Missed Practice			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	s. Arthoscopes			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Missed Games			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	t. Wear Braces			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Bruise			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	u. Casted			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	v. Arthritis			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
109. PELVIS / HIPS					w. Chondromalacia			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a. Sprain/Stain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x. Grinding			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pains			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	y. Other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Fractures			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	112. LEGS				
d. Dislocations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	a. Sprain/Strain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Injections			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Shin Splints			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Casted/Splints			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Torn Muscles			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Operations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Fractures			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Groin Pulls			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Injections			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Torn Muscles			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Pain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Missed Practice			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Missed Practice	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Missed Games			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Missed Games			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Bruise			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	i. Bruise			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	j. Other	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
110. THIGHS					113. FEET / TOES				
a. Sprain/Stain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	a. Sprains			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quad Pull			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Fractures			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Hamstring Pulls		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Dislocations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Torn Muscles			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Operations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Calcium Deposits			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Injections			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Fractures			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Casted/Splinted			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Operations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Pain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Injections			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Missed Practice			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Pains			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	i. Missed Games			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Missed Practice			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	j. Turf Toe			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Missed Games			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	k. Bruise			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Bruise			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	l. Other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	113. ANKLES				
111. KNEES					a. Sprains		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a. Strained			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Fractures		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Sprain Ligament		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Dislocations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Torn Ligaments			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Operations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Torn Cartilage			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Injections			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Kneecap Injury			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Casted/Splinted			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Fractures			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Pain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Operations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Missed Practice			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Injections			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	i. Missed Games			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Pains			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	j. Bruise			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Dislocations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	k. Stain			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Missed Practice			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	l. Other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
115 HAVE YOU HAD OR DO YOU HAVE NOW ANY OTHER MEDICAL PROBLEMS OR INJURIES NOT LISTED ON THIS FORM?						Yes No			
116 HAVE YOU BEEN ON INJURED RESERVE FOR ANY INJURY SUSTAINED DURING YOUR FOOTBALL CAREER?						<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
117 DO YOU HAVE ANY MEDICAL OR HEALTH PROBLEMS THAT YOU ARE CURRENTLY RECEIVING MEDICAL TREATMENT FOR?						<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
118 IS THERE ANY REASON THAT YOU ARE NOT ABLE TO PLAY FOOTBALL AT THIS TIME?						<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			

I CERTIFY THAT I HAVE MADE **FULL AND COMPLETE WRITTEN DISCLOSURE** OF ALL PAST AND PRESENT INJURIES OR PROBLEMS AS REQUIRED BY PARAGRAPH 8 OF MY NFL PLAYERS CONTRACT, AND AS REQUIRED BY THIS AND OTHER MEDICAL FORMS OF THE CLUB.

Signature: [Signature]Date: 10/18/11

Revised March 2004

Witness: [Signature]

DL-00372



**16101 Weber Road
Crest Hill, Illinois 60403
815-836-3799**

Date: 08/29/17

Title: INITIAL EVALUATION

ADVANCED PHYSICIANS

Patient: Daniel Loper DOB: [REDACTED] Age: 35

Bp: 175/110, Right Arm, Pulse: 69

Height: 6'6", Weight: 350 lbs

History of Present Illness symptoms:

The patient is a 35 year-old male presents for an evaluation of multiple injuries following an extensive football career that included eight seasons of professional experience from 2005-2012. The patient has sustained multiple injuries in the past while playing football causing chronic pain. His current symptoms include headaches, memory issues, light sensitivity, sleep troubles, cervical pain with radiation, lumbar pain with radiation, bilateral knee pain and swelling, bilateral ankle pain and restriction, bilateral shoulder pain and instability, left wrist pain and restriction and left hand pain and weakness.

Patient complains of chronic headaches. Patient has sustained multiple documented concussions in the past while playing football. Patient complains of headaches 3 time(s) per week. Patient rates the pain 5/10. Headaches are located on left >right side(s) of the head. The headaches are described as sharp, shooting behind eyes and dull achy as base of neck. Patient has been complaining of recent moodiness.

Patient complains of chronic neck pain and stiffness. Patient has experienced multiple left and right stingers in the past. Patient does complain of numbness, tingling from the neck into the left and right hand. Neck pain is located on both side(s) of the neck. Patient rates the pain 3-9/10. The neck pain is described as sharp with associated decreased flexibility, weakness. Functionally, patient complains of pain with looking up and/or down, sleeping, and prolonged reaching activities.

Patient complains of chronic lumbar pain and stiffness. Patient does complain of numbness, tingling from the low back into the left and right foot. Patient denies any bowel or bladder symptoms at this time. Lumbar pain is located on both side(s) of the spine. Patient rates the pain 7/10. The lumbar pain is described as achy, dull, stiff with associated decreased flexibility. Functionally, patient complains of pain with bending, prolonged sitting, prolonged standing, twisting, lifting, squatting

Patient complains of chronic right>left knee pain and stiffness. Knee pain is located on inside of knee joint. Patient rates his pain 3/10. His knee pain is described as achy, dull, stiff. Functionally, patient complains of pain with climbing up/down stairs, kneeling, jumping, running, sitting on floor. Patient has had history of right MCL sprain multiple times while playing football. Patient had left leg compartment syndrome release and surgery in 2008.

Patient complains of chronic right>left ankle pain and stiffness. Ankle pain is located on outside of ankle joint. Patient rates his pain 4/10. His ankle pain is described as achy, dull, stiff with associated decreased flexibility, swelling. Functionally, patient complains of pain with climbing up/down stairs, jumping, prolonged standing, running. Patient had right ankle fracture surgery as a teenager.

Patient complains of chronic bilateral shoulder pain and stiffness. Shoulder pain is located in the front of the shoulder joint. Patient rates the pain 9/10. The shoulder pain is described as achy, sharp, dull, stiff with associated decreased flexibility, locking, weakness, instability. Functionally, patient complains of pain with overhead activity, reaching for objects above shoulder height. Patient has history of left SLAP tear in the bilateral subluxation injuries in the past.

Patient complains of chronic left wrist pain and stiffness. Wrist pain is located in the front, back of the wrist joint. Patient rates the pain 6/10. The wrist pain is described as sharp with associated decreased flexibility, locking. Functionally, patient complains of pain with gripping, carrying, weight bearing activities.

Patient complains of chronic left hand pain and stiffness. Pain is located in the left thumb, 4th and 5th digits. Patient rates the pain 4/10. The hand pain is described as achy, dull, stiff with associated decreased flexibility. Functionally, patient complains of pain with closing the fist, gripping, opening the fist.

Past Surgical History: As listed above

Pertinent Family History:

Mother

No significant medical history

Father

No significant medical history

Outside Medications: The patient is on no medications

Allergy: NKDA

General Appearance: Well appearing, well-nourished in no distress, Oriented x 3, normal mood and affect.

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Reflexes:

C5-T1 deep tendon reflexes intact bilateral and equal 1+/4.

L4-S1 deep tendon reflexes intact equal and bilateral 1+/4.

Normal Gait

Sensation:

Upper extremity light touch sensation intact equal and bilateral.

Lower extremity light touch sensation intact equal and bilateral.

Motor strength:

Lower extremity motor strength intact L4-S1 equal and bilateral 5/5.

RIGHT

Deltoid - Normal (5/5): withstands strong pressure in test position

Biceps - Good plus (4+/5): withstands moderate to strong pressure

Triceps - Normal (5/5): withstands strong pressure in test position

Pronator Teres - Normal (5/5): withstands strong pressure in test position

Wrist Flexors - Normal (5/5): withstands strong pressure in test position

Wrist Extensors - Normal (5/5): withstands strong pressure in test position

Grip Strength - Good plus (4+/5): withstands moderate to strong pressure

LEFT

Deltoid - Good plus (4+/5): withstands moderate to strong pressure

Biceps - Good plus (4+/5): withstands moderate to strong pressure

Triceps - Normal (5/5): withstands strong pressure in test position

Pronator Teres - Normal (5/5): withstands strong pressure in test position

Wrist Flexors - Normal (5/5): withstands strong pressure in test position

Wrist Extensors - Normal (5/5): withstands strong pressure in test position

Grip Strength - Normal (5/5): withstands strong pressure in test position

Palpation Findings:**Cervical Spine -**

Tender and Hypertonic Bilateral Cervical Spine paraspinal m.

Tender and Hypertonic Bilateral Upper Trapezius m.

Tender and Hypertonic Bilateral Levator Scapula m.

Lumbar Spine -

Tender and Hypertonic Bilateral Lumbar Paraspinal m.

Tender and Hypertonic Bilateral Piriformis M.

Knee -

Tender Bilateral distal Quadriceps m.

Tender Bilateral Patellar tendon

Tender Bilateral Medial Joint Line

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Ankle-

Tender Bilateral Anterior Talofibular Ligament
Tender Bilateral Calcaneofibular Ligament
Tender Bilateral Deltoid ligament

Shoulder -

Tender Bilateral Rotator Cuff M.
Tender Bilateral proximal Biceps Brachii M.
Tender Bilateral subacromial region

Wrist -

Tender Left Carpal tunnel
Tender Left scaphoid
Tender Left lunate

Hand -

Tender left 4th and 5th MCP, PIP, DIP joints and left CMC joint and 1st MCP joint

Range of Motion: see computerized ROM test performed today

Orthopedic Tests/Findings

Cervical Orthopedic Tests

Cervical Compression Test: negative
Cervical Distraction Test: negative
Shoulder Depression Test: - negative

Lumbar Orthopedic Tests

SLR Test - negative
Patrick's Test - negative

Shoulder Orthopedic Tests

Empty Can Test - positive right - positive left -
Speeds Test - positive left -
O'Briens Test - positive right - positive left -

Wrist Orthopedic Tests

Mill's Test - negative
Reverse Mill's Test - negative
Tinels Sign - negative
Phalen's Test - negative
Finkelstein's Test - positive left -

Knee Orthopedic Tests

Valgus Test - positive right - : Comment - laxity felt in right knee w valgus stress
Varus Test - negative ;
McMurray's Test - negative

Lachmans' Test - negative
Patellar Grind Test - negative

Ankle Orthopedic Tests
Valgus Test - positive right - positive left -
Varus Test - positive right - positive left - ;

ASSESSMENT: Patient is a 35 year-old male presenting with pain in the aforementioned areas. The patient's subjective complaints and objective findings are most consistent with the supportive diagnoses listed below.

THERAPIES / INTERVENTIONS PRESCRIBED FOR THIS PATIENT:

Electrical Stimulation
Home Exercise Program
Hydrocollator/Cryotherapy
Manual Therapy
Passive Exercises
PNF/PIR Stretching
PT/OT Eval / Re-eval
Therapeutic Exercises
Ultrasound Therapy
Neuromuscular Re-education
Cervical/Lumbar - Axial, Mechanical, or Manual Traction
Manual Therapy - Dry Needling

DURATION AND FREQUENCY

3 times per week for 4 weeks. Total of 12 visits prescribed

DIAGNOSTIC TESTING PRESCRIBED FOR THIS PATIENT:

Diagnostic Imaging Studies to be ordered:

XRAY UPPER EXTREMITY

Order: XRAY WRIST APLAT LT: ROUTINE
Procedure: XRAY WRIST APLAT LT: 73100

Order: XRAY HAND 2VW LT: ROUTINE
Procedure: XRAY HAND 2VW LT: 73120

XRAY LOWER EXTREMITY

Order: XRAY KNEE 1-2VW LT: ROUTINE
Procedure: XRAY KNEE 1-2VW LT: 73560

Order: XRAY KNEE 1-2VW RT: ROUTINE

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Procedure: XRAY KNEE 1-2VW RT: 73560

Order: XRAY ANKLE 2VW LT : ROUTINE

Procedure: XRAY ANKLE 2VW LT: 73600

Order: XRAY ANKLE 2VW RT : ROUTINE

Procedure: XRAY ANKLE 2VW RT: 73600

MRI to be ordered:

MRI Spine and Pelvis

Order: MRI CERVICAL WITHOUT : ROUTINE

Procedure: MRI CERVICAL WITHOUT : 72141

Order: MRI LUMBAR WITHOUT : ROUTINE

Procedure: MRI LUMBAR WITHOUT : 72148

MRI Upper Extremity

Order: MRI UE ANY JT WITHOUT : ROUTINE

Order Note: MRI TYPE: Right : Shoulder

Procedure: MRI UE ANY JT WITHOUT: 73221

Order: MRI UE ANY JT WITHOUT : ROUTINE

Order Note: MRI TYPE: Left : Shoulder

Procedure: MRI UE ANY JT WITHOUT: 73221

MRI Lower Extremity

Order: MRI LE ANY JT WITHOUT : ROUTINE

Order Note: MRI TYPE: Right : Knee

Procedure: MRI LE ANY JT WITHOUT : 73721

Order: MRI LE ANY JT WITHOUT : ROUTINE

Order Note: MRI TYPE: Left : Knee

Procedure: MRI LE ANY JT WITHOUT : 73721

Order: MRI LE ANY JT WITHOUT : ROUTINE

Order Note: MRI TYPE: Right : Ankle

Procedure: MRI LE ANY JT WITHOUT : 73721

Order: MRI LE ANY JT WITHOUT : ROUTINE

Order Note: MRI TYPE: Left : Ankle

Procedure: MRI LE ANY JT WITHOUT : 73721

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MRI HEAD

Order: MRI BRAIN WITHOUT : ROUTINE
Procedure: MRI BRAIN WITHOUT: 70551

Computerized Manual Muscle Evaluation:
Order: MMT

Computerized Range of Motion Testing:
Order: ROM

In Order To:

Monitor Patient Progress, Screen for Fracture or Pathology, Assess Biomechanical Function, Increase Endurance

DIAGNOSES:

Major Problem: Brachial neuritis or radiculitis NOS : ICD10 = M54.12 / ICD9 = 723.4 / SNOMED = 27830001 : 9

Major Problem: Thoracic or lumbosacral neuritis or radiculitis, unspecified : ICD10 = M54.16 / ICD9 = 724.4 / SNOMED = 46578006 : 10

Major Problem: Pain in joint involving lower leg right : ICD10 = M25.561 / ICD9 = 719.46 / SNOMED = 30989003 : 7

Major Problem: Pain in left ankle : ICD10 = M25.572 / ICD9 = 719.47 / SNOMED = 267954009 :

Major Problem: Pain in left hand : ICD10 = M79.642 / ICD9 = 729.5 / SNOMED = 53057004 :

Major Problem: Pain in knee joint left: ICD10 = M25.562 / ICD9 = 719.46 / SNOMED = 30989003 : 8

Major Problem: Pain in left wrist : ICD10 = M25.532 / ICD9 = 719.43 / SNOMED = 202482009 :

Major Problem: Pain in right ankle : ICD10 = M25.571 / ICD9 = 719.47 / SNOMED = 267954009 : 9

Major Problem: Cervicalgia : ICD9 = 723.1 / ICD10 = M54.2 / SNOMED = 81680005 : 1

Major Problem: Lumbago : ICD9 = 724.2 / ICD10 = M54.5 / SNOMED = 279039007 : 1

Major Problem: Pain in right shoulder : ICD10 = M25.511 / ICD9 = 719.41 / SNOMED = 267949000 : 6

Major Problem: Pain in left shoulder : ICD10 = M25.512 / ICD9 = 719.41 / SNOMED = 267949000 : 7

Major Problem: Headache : ICD10 = R51 / ICD9 = 784.0 / SNOMED = 25064002 : 8

ELECTRONICALLY SIGNED BY:

LAWRENCE CHAN, DC CCSP
CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN

E-Ballot - 4/26/2018

Advanced Physicians Group

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815-436-9200

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08/29/2017

Patient Information

Name: Daniel Loper

DOB: [REDACTED]

Occupation:

Age: 35

ID#:

Gender: Male

Claim #:

Handedness: Left

Referral Source

Medical History

Notes

Provider: _____

Date: _____

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DL-00380

E-Ballot - 4/26/2018

Large Extremity
Range of Motion Exam

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Patient Name: Daniel Loper

Description: Initial

Examiner: Lawrence Chan, DC, CCSP

Extremity ROM Impairment (WP): 18%

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Upper	Right			Left			Mode	Normal	Impairment	
	Active	Pass.		Active	Pass.				Right	Left
Wrist Flexion	66			53			Goni.	55+	0%	2%
Wrist Extension	74			53			Goni.	55+	0%	2%
Wrist Radial Deviation	23			16			Goni.	18+	0%	1%
Wrist Ulnar Deviation	35			24			Goni.	28+	0%	1%
Elbow Pronation								75+		
Elbow Supination								65+		
Elbow Flexion								135+		
Elbow Extension								0		
Shoulder In. Rotation	44			53			Goni.	75+	3%	2%
Shoulder Ext. Rotation	80			70			Goni.	55+	0%	0%
Shoulder Flexion	171			172			Goni.	175+	1%	1%
Shoulder Extension	30			21			Goni.	45+	1%	2%
Humerus/Scap. Flexion										
Humerus/Scap. Ext.										
Shoulder Adduction	32			36			Goni.	35+	1%	0%
Shoulder Abduction	156			167			Goni.	165+	1%	0%

Lower	Right			Left			Mode	Normal	Impairment	
	Active	Pass.		Active	Pass.				Right	Left
Ankle Plantar-Flexion	28			23			Goni.	>20	0%	0%
Ankle Dorsi-Flexion	0			1			Goni.	>10	7%	7%
Knee Flexion	133			134			Goni.	110+	0%	0%
Knee Extension	0			0			Goni.	0+	0%	0%
Hip Flexion								100+		
Hip Extension								0		
Hip Abduction								>25		
Hip Adduction								>15		
Hip External Rotation								>30		
Hip Internal Rotation								>20		
Foot Inversion	26			27			Goni.	>20	0%	0%
Foot Eversion	4			4			Goni.	>10	2%	2%

Footnotes:

1. Impairments are calculated on active motion.
2. Negative results indicate an inability to reach neutral position (ankylosis).
3. Impairments are based on the AMA's "Guides to the Evaluation of Permanent Impairment", 4th edition and are calculated to the extremity level in the two right columns.

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DL-00381

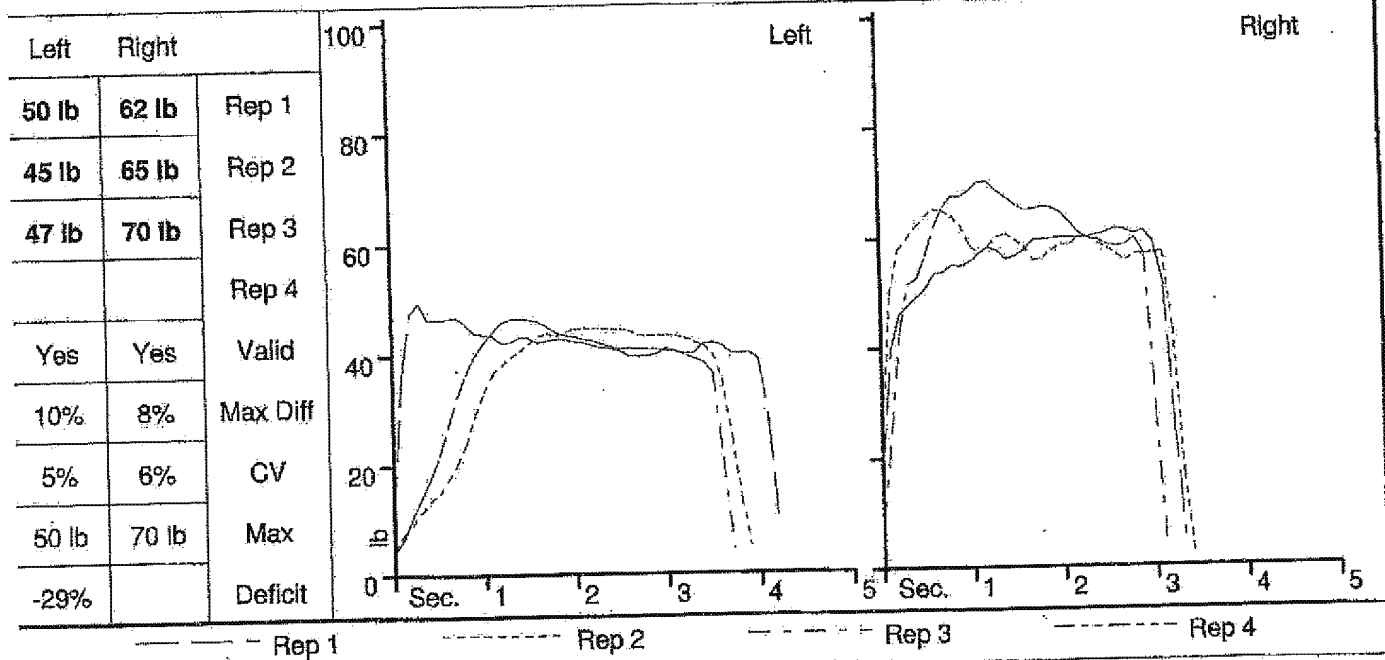
E-Ballot - 4/26/2018

Computerized Muscle Testing Exam 03/18 DICC Med Page 11

Patient Name: Daniel Loper
 Description: Initial
 Examiner: Lawrence Chan, DC, CCSP

08/29/2017
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Grip



Right Reps	Effort Quality	Excluded	Notes
1	WNL		
2	WNL		
3	WNL		
Left Reps	Effort Quality	Excluded	Notes
1	WNL		
2	WNL		
3	WNL		

Footnotes:

1. Excluded - Yes: Rep not used in statistics analysis and validity determination. All reps included in the statistics analysis and validity determination are bolded.
2. Each rep displays the maximum strength during the break test.
3. Valid: "Yes" if the coefficient of variation is less than 15% or the maximum difference between successive rep's is less than or equal to 15%.
4. Max Diff: The maximum difference in strength between successive reps.
5. CV: Coefficient of Variation between all reps.
6. Max: The maximum strength of all reps. (Used in the history charts.)
7. Deficit: The difference in strength between the right and left side.
8. Effort Quality - WNL (Within Normal Limits): Examiner feels patient gave good effort during respective repetitions.
9. Grades are completed separately from transducer strength testing. A grade is completed if an impairment rating is required and/or a bilateral deficit greater than 15% exists.

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DL-00382

E-Ballot - 4/26/2018

Impairment Summaries

03/18 DICC Med Page 12

Patient Name: Daniel Loper

08/29/2017

Description: Initial

Page 4 of 6

Left Upper Extremity

% Impairment Table+

1. Left Upper Ext. ROM

11%

Total Upper Extremity Impairment (combined):

11%

WP Impairment contr. by Upper Extremity (Table 16-3):

7%

Left Lower Extremity

% Impairment Table+

1. Left Lower Ext. ROM

9%

Total Lower Extremity Impairment (combined):

9%

WP Impairment contr. by Lower Extremity (Above x .4):

4%

Right Upper Extremity

% Impairment Table+

1. Right Upper Ext. ROM

7%

Total Upper Extremity Impairment (combined):

7%

WP Impairment contr. by Upper Extremity (Table 16-3):

4%

Right Lower Extremity

% Impairment Table+

1. Right Lower Ext. ROM

9%

Total Lower Extremity Impairment (combined):

9%

WP Impairment contr. by Lower Extremity (Above x .4):

4%

Final Impairments:

WP Left Upper Extremity Impairment:

7%

WP Left Lower Extremity Impairment:

4%

WP Right Upper Extremity Impairment:

4%

WP Right Lower Extremity Impairment:

4%

FINAL WHOLE PERSON IMPAIRMENT:

18%

Impairments are based on the AMA's "Guides to the Evaluation of Permanent Impairment", 4th edition.

2. If "e" for exception is listed adjacent to an impairment rating, this examiner is taking exception to the calculation in the "AMA Guides".

Tables are based on Chapter 16, unless otherwise specified. © Copyright JTech Medical Industries 1997 - 2001. All Rights Reserved.

DL-00383

E-Ballot - 4/26/2018

Exam Summary

03/18 DICC Med Page 13

Patient Name: Daniel Loper

Description: Initial

Examiner: Lawrence Chan, DC, CCSP

08/29/2017

Page 5 of 6

Manual Muscle Tests	Left				Right				Deficit
	Max	CV	Valid		Max	CV	Valid		
Grip	50 lb	5%	Yes		70 lb	6%	Yes		-29% L

Extremity Range of Motion	Left			Right	
	Active	Passive		Active	Passive
Wrist Flexion	53°			66°	
Wrist Extension	53°			74°	
Wrist Radial Deviation	16°			23°	
Wrist Ulnar Deviation	24°			35°	
Shoulder Internal Rot.	53°			44°	
Shoulder External Rot.	70°			80°	
Shoulder Flexion	172°			171°	
Shoulder Extension	21°			30°	
Shoulder Adduction	36°			32°	
Shoulder Abduction	167°			156°	
Ankle Plantar Flexion	23°			28°	
Ankle Dorsl. Flexion	1°			0°	
Knee Flexion	134°			133°	
Knee Extension	0°			0°	
Foot Inversion	27°			26°	
Foot Eversion	4°			4°	

Negative values for extremity ROM indicate ankylosis (lag) in accordance with the conventions adopted by the AMA and ASHT.
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DL-00384

Upper Extremity Evaluation / Re-Evaluation

Name: Daniel Loper DOB: [REDACTED] Gender: M Handedness: L Doctor:
 Diagnosis/Procedure: Right/Left
 Date of Injury:
 History:
 Chief Complaint:

UE ROM / MMT			Left			Right					Left			Right		
Force In lb	Motion	Norm	A	P	MMT	A	P	MMT	Motion	Norm	A	P	MMT	A	P	MMT
Shoulder	Flex	175+	172			171			Ext	45+	21			30		
	IR	75+	53			44			ER	55+	70			80		
	Abd	165+	167			156			Add	35+	36			32		
Elbow	Flex	135+							Ext	0						
Forearm	Pro	75+							Sup	65+						
Wrist	Flex	55+	53			66			Ext	55+	53			74		
	RD	18+	16			23			UD	28+	24			35		

The goals and treatment plan have been reviewed with and approved by the patient and/or family.

Therapist: _____ Date: _____

DL-00385

**DUPLICATES
AFTER THIS PAGE**

**NFL PLAYER
BENEFITS**

DL-00386



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147
REFERRING PHYSICIAN: DR. CHAN
EXAM: RT SHOULDER*ROUTINE
DATE: Aug 29, 2017 14:28

Final Report

Submitted Clinical Information: Pain and limited range of motion.

Study Technique: Unenhanced MRI of the right shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Rotator Cuff: No significant rotator cuff muscle atrophy or fatty replacement. Rotator cuff tendinosis without definite tear. There is long biceps tendinosis without definite tear, subluxation, or tenosynovitis.

Labrum: Attenuation, blunting, and diffuse tearing of the posterior labrum, with paralabral ganglion cysts. This extends to the inferior labrum and to the posterosuperior labrum. There is milder anterior labral irregularity, blunting, and tearing identified. There is relative sparing of the superior labrum.

Bones and Soft Tissues: Mild subacromial/subdeltoid bursitis. Type I acromion. Moderate AC joint arthrosis. No coracoclavicular ligament tear. No glenohumeral joint effusion. Marginal osseous ridging off the posterior, superior, and inferior glenoid with cortical irregularities. Chondral thinning in the posterior humeral head and posterior glenoid articular surfaces. Posterior subluxation of the humeral head in relation to the glenoid.

Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.
4. Mild subacromial/subdeltoid bursitis.
5. Rotator cuff tendinosis without tear.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00387

Eric Fitzcharles
Aug 29, 2017 21:44 EST.
Metis MD PRO
Connected Technology

DL-00388



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 2661471
REFERRING PHYSICIAN: DR. CHAN
EXAM: LT. SHOULDER*ROUTINE
DATE: Aug 29, 2017 14:55

Final Report

Submitted Clinical Information: Pain and limited range of motion with clavicle pain.

Study Technique: Unenhanced MRI of the left shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Rotator Cuff: No evidence of rotator cuff muscle atrophy or fatty replacement. Rotator cuff and long biceps tendinosis without definite tear. No long biceps tendon tear, subluxation, or tenosynovitis.

Labrum: Undermining and partial detachment of the posterosuperior labrum with small paralabral ganglion cyst. The remainder of the posterior labrum appears normal. Attenuation, blunting, and fraying of the anterior and inferior aspects of the labrum. Degeneration of the superior labrum with possible mild undermining.

Bones and Soft Tissues: Degenerative signal changes in the humeral head. No subacromial/subdeltoid bursitis. Type II acromion process. Severe AC joint arthrosis. No glenohumeral joint effusion. No chondral defect. Flattening of the posterior glenoid articular surface.

Final Impression:

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00389

Eric Fitzcharles
Aug 29, 2017 21:43 EST.
MetisMD-PRO
Controlled Ballistic

DL-00390



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PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147
REFERRING PHYSICIAN: DR. CHAN
EXAM: LUMBAR SPINE^routine
DATE: Aug 29, 2017 15:15

Final Report

Please see the below findings section for a more detailed level by level description.

Submitted Clinical Information: Low back pain with bilateral leg numbness and tingling.

Study Technique: Unenhanced MRI lumbar spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Findings: Normal lumbar lordosis. Desiccation of the L1-3 and L4-S1 discs. The conus exhibits normal position, contour, and signal intensity. Bone marrow signal intensity appears diffusely normal. Superficial subcutaneous soft tissue edema overlies the lumbar spine posteriorly.

T12-L1: 1 mm disc bulge.

L1-2: 1 mm disc bulge. Bilateral facet arthrosis.

L2-3: Bilateral facet arthrosis.

L3-4: Bilateral facet arthrosis.

L4-5: 3 mm disc bulge with bilateral facet arthrosis and mild left lateral recess stenosis. No foraminal stenosis.

L5-S1: 3 mm subligamentous disc herniation with bilateral facet arthrosis. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 nerve root.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

Final Impression:

1. L4-5: 3 mm disc bulge and mild left lateral recess stenosis.

2. L5-S1: 3 mm disc herniation. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 root.

3. Spondylosis.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00391

Eric Fitzcharles
Aug 30, 2017 11:46 EST.
Metis MD PRO
Constructed (Kodak)

DL-00392



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147]
REFERRING PHYSICIAN: DR. CHAN
EXAM: CERVICAL SPINE^routine
DATE: Aug 29,2017 10:47

Final Report

Please see the below findings section for a more detailed level by level description.

Submitted Clinical Information: Bilateral upper extremity numbness and tingling.

Study Technique: Unenhanced MRI cervical spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Findings: Straight alignment. Mild diffuse spondylosis. Visualized portions of the brain stem, cerebellum, cervical and upper thoracic spinal cord exhibit normal signal intensity. Bone marrow signal intensity appears diffusely normal. Mild right maxillary sinus membrane thickening.

C2-3: No significant disc bulge or herniation.

C3-4: 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.

C4-5: 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.

C5-6: 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.

C6-7: 3 mm left paracentral disc herniation with osteophyte. Moderate spinal stenosis and mild spinal cord effacement. Mild bilateral foraminal stenosis.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

Final Impression:

1. C6-7: 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis.
2. C5-6: 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.
3. C4-5: 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.
4. C3-4: 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.
5. Spondylosis.

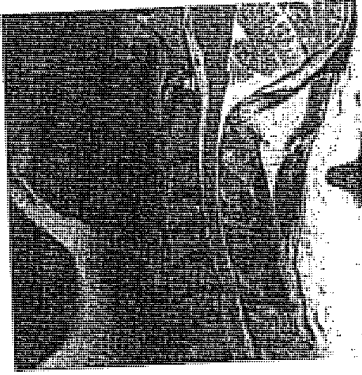
END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

DL-00393

Electronically signed by

Eric Fitzcharles
Aug 29, 2017 18:02 EST.
Metis MD PRO
Generated: 8/29/2017



DL-00394

E-Filed 04/07/2021

03/2020-10SC Med Page 155



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147
REFERRING PHYSICIAN: DR. CHAN
EXAM: RT. ANKLE^ROUTINE
DATE: Aug 29, 2017 13:08

Final Report

Submitted Clinical Information: Pain, weakness, and instability with history of open reduction internal fixation.

Study Technique: Unenhanced MRI of the right ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Ligaments and Tendons: No posterior tibiofibular ligament tear. There is chronic high-grade tear of the anterior tibiofibular ligament, with attenuation. No posterior talofibular ligament tear. Attenuation and chronic high-grade tear of the anterior talofibular ligament, with scarring. No calcaneofibular ligament tear. No deep deltoid ligament tear.

No flexor or extensor tendon abnormality. No peroneal tendon abnormality. Mild distal Achilles tendinosis without tear. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.

Bones and Soft Tissues: No ankle effusion. Marginal osseous ridging about all aspects of the ankle, compatible with arthrosis. Chronic bony fragmentation off the distal aspect of the lateral malleolus. There is no chondral defect in the talar dome or tibial plafond. No subtalar joint chondral defect. Prominent posterior process of the talus. No evidence of tarsal or proximal metatarsal fracture or stress fracture. No bone edema or contusion. Marginal osseous ridging off the superior talar neck and off the superior talonavicular joint. Surgical changes in the vicinity of the distal aspect of the lateral malleolus.

Final Impression:

1. Chronic high-grade tears of the anterior tibiofibular and anterior talofibular ligaments. Clinical correlation for instability is recommended.
2. Marginal osseous ridging about the ankle, compatible with arthrosis, without chondral defect.
3. Chronic bony fragmentation off the lateral malleolus, suggestive of previous inversion injury, with surgical changes in this vicinity.
4. Prominent posterior process of the talus.
5. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.
6. Distal Achilles tendinosis with osseous ridging at the calcaneus attachment site.

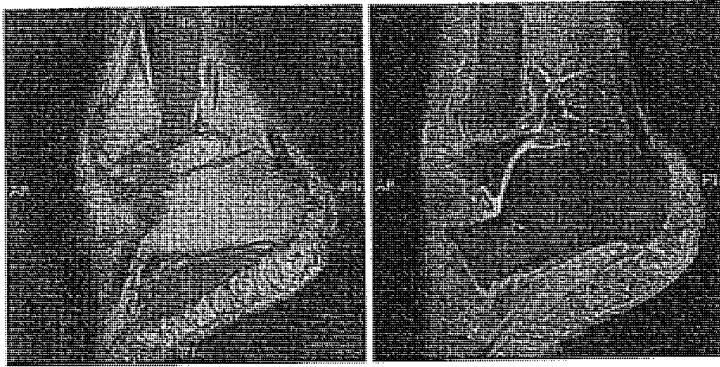
END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

DL-00395

Electronically signed by

Eric Fitzcharles
Aug 29, 2017 21:47 EST.
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Connected Radiology



DL-00396



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16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147
REFERRING PHYSICIAN: DR. CHAN
EXAM: LT. ANKLE^ROUTINE LT.
DATE: Aug 29, 2017 13:44

Final Report

Submitted Clinical Information: Pain and limited range of motion with swelling.

Study Technique: Unenhanced MRI of the left ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Ligaments and Tendons: Thickening and scarring of the anterior tibiofibular ligament without tear defect. No posterior tibiofibular ligament tear. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect. No posterior talofibular ligament tear. No calcaneofibular ligament tear. No deep deltoid ligament tear.

Mild distal tibialis posterior tendinosis. Mild tenosynovitis of all three flexor tendons, without tendon tear. No extensor tendon abnormality. No peroneal tendon abnormality. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon. There is mild both band plantar fascial thickening and tendinosis with peritendinitis, but no tear or detachment.

Bones and Soft Tissues: No ankle effusion. Marginal osseous ridging about the ankle, compatible with arthrosis. No chondral or osteochondral lesion in the talar dome or tibial plafond. Prominent posterior process of the talus. No subtalar joint chondral defect. Marginal osseous ridging off the superior talonavicular joint, compatible with arthrosis.

Final Impression:

1. Tibialis posterior tendinosis, with mild tenosynovitis of all three flexor tendons.
2. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon.
3. Talonavicular joint arthrosis and marginal osseous ridging.
4. Mild marginal osseous ridging about the ankle, compatible with arthrosis.
5. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect.
6. Mild both band plantar fascial thickening and tendinosis with peritendinitis.

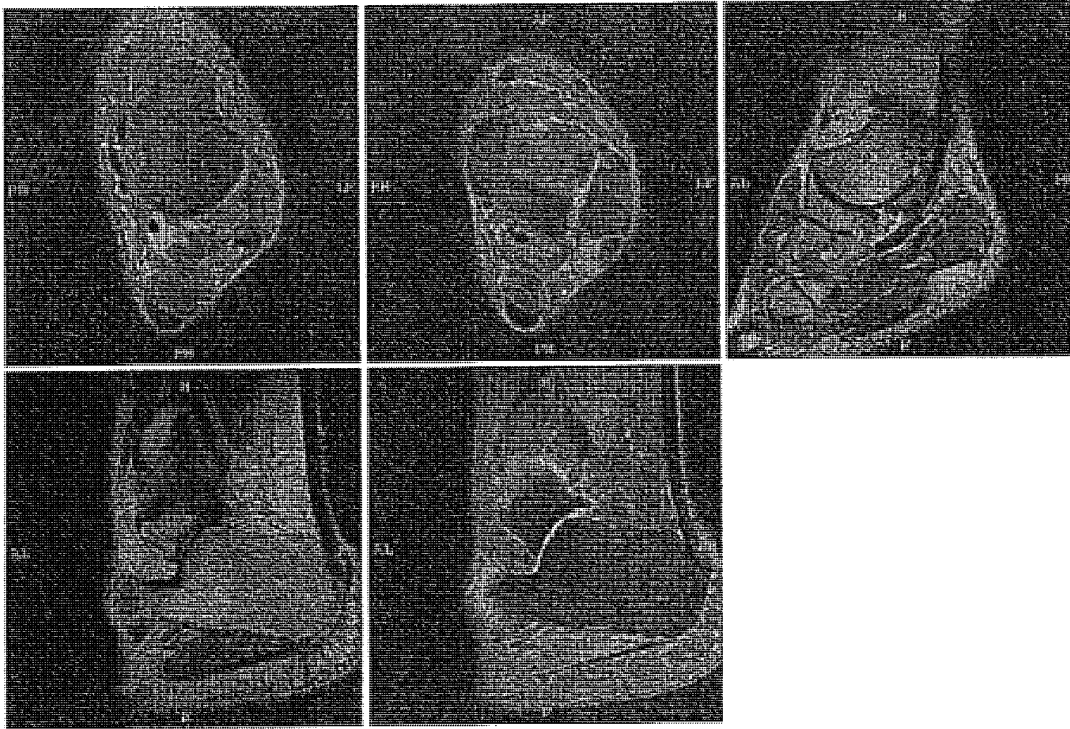
END OF REPORT

Referring physician: The radiologist can be reached at 800.895.8191 if you would like to discuss the findings.

Electronically signed by

DL-00397

Eric Fitzcharles
Aug 29, 2017 21:46 EST.
Metis MD PRO
Competition Radiology



DL-00398

EXHIBIT A

EXHIBIT A

DL-00399

EXHIBIT B

EXHIBIT B

DL-00400

EXHIBIT C

EXHIBIT C

DL-00401

EXHIBIT D

EXHIBIT D

DL-00402

EXHIBIT E

EXHIBIT E

DL-00403

EXHIBIT F

EXHIBIT F

DL-00404

EXHIBIT G

EXHIBIT G

DL-00405

EXHIBIT H

EXHIBIT H

DL-00406

EXHIBIT I

EXHIBIT I

DL-00407

EXHIBIT J

EXHIBIT J

DL-00408

EXHIBIT K

EXHIBIT K

DL-00409

EXHIBIT L

EXHIBIT L

DL-00410

EXHIBIT M

EXHIBIT M

DL-00411

EXHIBIT N

EXHIBIT N

DL-00412

EXHIBIT O

EXHIBIT O

DL-00413

EXHIBIT P

EXHIBIT P

DL-00414

EXHIBIT Q

EXHIBIT Q

DL-00415

EXHIBIT R

EXHIBIT R

DL-00416

EXHIBIT S

EXHIBIT S

DL-00417

EXHIBIT T

EXHIBIT T

DL-00418

EXHIBIT U

EXHIBIT U

DL-00419

EXHIBIT V

EXHIBIT V

DL-00420

EXHIBIT W

EXHIBIT W

DL-00421

EXHIBIT X

EXHIBIT X

DL-00422

EXHIBIT Y

EXHIBIT Y

DL-00423

EXHIBIT Z

EXHIBIT Z

DL-00424

EXHIBIT AA

EXHIBIT AA

DL-00425

EXHIBIT BB

EXHIBIT BB

DL-00426

EXHIBIT CC

EXHIBIT CC

DL-00427

E-Ballot 01/07/2021



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM - ORTHOPEDICS

LINE-OF-DUTY DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Daniel Loper DOB: [REDACTED] Phone: [REDACTED]
 Player's address: [REDACTED]
 Player's Credited Seasons: 2005-2012 (8)
 Claimed impairments: See application

- Did you receive records for this ☒ **YES** ☐ **NO** If so, how many pages? 203
- Did you evaluate the Player? ☒ **YES** ☐ **NO** If so, 12/17/2020
- Have you or your colleagues ever treated the Player previously? ☐ **YES** ☒ **NO**
- For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

SHOULDER

LEFT SHOULDER

Impairment	Occur.	Points	Cause	Comments
Symptomatic Shoulder Instability	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- <u> </u> <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	

LEFT SHOULDER POINTS TOTAL: **3**

PRF - Daniel Loper
rev. 01/2021

Dr. David Apple

DL-00428

WRIST

LEFT WRIST

Impairment	Occur.	Points	Cause	Comments
S/P Carpal Tunnel Release	1	2	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input type="checkbox"/> NFL football <input checked="" type="checkbox"/> Unknown	Surgery occurred after NFL career

LEFT WRIST POINTS TOTAL: 0

Impairments

LEFT SHOULDER POINTS TOTAL: 3

LEFT WRIST POINTS TOTAL: 0

Impairments Total 3

E-Ballot 01/07/2021

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ or part of the central nervous system**? ☐ YES ☒ NO

If you checked YES:

Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment.

Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES ☐ NO

6. Do you have any additional remarks?

Player had a compartment release of the left calf but there are no points awarded for this procedure.

Please provide the required narrative report with this form.

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

David Apple

Signature

01/05/2021

Date

Comments

PRF - Daniel Loper
rev. 01/2021

Dr. David Apple

DL-00430

Loper, Daniel

MRN: 907850946

NFL VISIT 12/17/2020

Provider: David Apple, MD (Orthopaedic Surgery)

Shepherd Center Multispecialty
Clinic

Reason for Visit: Referred by Theresa Elango, NP

Progress Notes

David Apple, MD (Physician) • Orthopaedic Surgery

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Shepherd Center

2020 Peachtree Road
NW Atlanta GA 30309
Phone: 4043522020

History and Physical			
Pt Name:	Daniel Loper	MRN:	907850946
DOB:		Age/Sex:	38 y.o.
Adm DTime:	January 2, 2021 2:29 PM-10	Atn Dr:	David F Apple, MD
Nurs Sta:	Multispecialty Clinic		

History and Physical

HISTORY: Daniel Loper is a 38 y.o. former NFL player who is being seen for his disability evaluation. While in high school he had no orthopedic injuries requiring surgery. While at Texas Tech he had no orthopedic injuries requiring surgery. In 2005 he was signed by the Tennessee Titans as an offensive lineman. In 2009 he played for Detroit, Oakland 2010, Dallas 2011 and retired in 2012.

CHIEF COMPLAINTS: Problems with cervical spine, both shoulders, left elbow, both wrists, and the left hand.

HISTORY OF PRESENT ILLNESS:

Regarding the cervical spine he injured it in a game and it hurts constantly. Both hands have tingling in the ring and fifth fingers. If he turns to the left it is like lightening down into the hand. Regarding the right shoulder he had a subscapular tear in February 2008 which was treated symptomatically. Now he cannot lift above his head.

Regarding the left shoulder he had a labral tear in 2011 and a left clavicle injury the same year. Now he has a acromioclavicular joint arthrosis. Left shoulder is worse than the right.

Regarding the left elbow he had a hyperextension injury in 2010. It was injected for play the rest of the half season.

Regarding the right wrist in July 2008 he had a carpal tunnel release.

Regarding the left wrist in 2008 he had a carpal tunnel release. He was diagnosed with DRUJ.

Regarding the left hand he had injuries to the fourth and fifth fingers and now they will not straighten. And now they hurt and cannot use as much since he is left-handed.

DL-00431

Regarding the lumbar spine on August 13 of 2011 he had an injury which was treated symptomatically. Now he has numbness mostly on the right to the hamstring. He says he has radiculopathy.

Regarding the left leg in the summer 2008 he had a compartment release. Now the scar is tender.

Regarding the right ankle he had old breaks and sprains which were treated symptomatically now the ankle hurts all the time.

ALLERGIES: None

MEDICATIONS: He takes Adderall, blood pressure medicines and vitamins. He told the nurse he took Ritalin and sertraline in addition to blood pressure medicine and vitamin D.

CURRENT WORK STATUS: He owns a residential construction company where he does the scheduling.

ACTIVITIES: He tried playing NFL celebrity golf. He takes his 3 children to activities.

PAST MEDICAL HISTORY: See nursing note.

REVIEW OF SYSTEMS: Please see the assessment sheet contained in the outpatient record.

RECORD REVIEW: The NFL provided me with the patient's medical records electronically. There were 193 pages which I reviewed. These records documented the injuries discussed except for carpal tunnel release on the right and the one on the left done after the player's NFL career

PHYSICAL EXAMINATION:

Daniel Loper is a 38-year-old who looks his stated age and in reasonably good condition. He undresses and dresses without obvious difficulty. He moves to the examining table with ease. He moves around on the examining table without protection of any anatomic area. He is left-handed. He is a poor historian.

VITAL SIGNS: Blood pressure 177/99, temperature 98.1, pulse 86, respirations 18, weight 333.2, playing weight 333.

A complete orthopedic examination was performed and the pertinent findings are outlined below.

Examination of the cervical spine revealed no obvious external abnormalities and no tenderness. Range of motion was without restriction. Deep tendon reflexes were not discernible. Muscle grades were all 5. The only sensory abnormality was sharper pinprick on the ulnar side of the left ring finger. X-rays of cervical spine AP and lateral showed loss of the normal lordosis. Facets were well aligned. There was slight narrowing of the disc space at C6-7. There was small calcification at the inferior tip of C4. There was no cervical rib.

Examination of both shoulders revealed no external abnormalities. On the left there was a slight posterior subluxation. There was slight reduction of abduction on the left more than the right which is also slightly reduced. There was slight reduction in forward flexion bilaterally. Range of motion was all within the functional range. X-rays of both shoulders with the AP taken with and without weights showed a normal exam with no change in either the acromioclavicular joint or the glenohumeral joint with the addition of weight.

Examination of both elbows revealed no external abnormalities with functional range of motion and x-ray was obtained of the left elbow and was within normal limits.

Examination of both wrists revealed no external abnormalities. Range of motion was functional. There was no snuffbox tenderness. X-rays of the left wrist AP and lateral were within normal limits.

Examination of both hands revealed scar in the left palm was nontender. Range of motion was all normal. X-rays of the left hand AP and lateral showed a slight PIP joint irregularity in the ring and fifth.

Examination of the lumbar spine revealed the pelvis to be level. There was no tenderness to palpation and no symptomatology with extension. Forward flexion was possible to within 10 inches of the floor. Deep tendon reflexes were not discernible. Motor grades were all 5.

Sensory examination revealed the right ankle to be more sensitive but not fitting any dermatome distribution. X-rays of the lumbar spine AP and lateral showed a slight loss of the lumbar lordosis. Facet alignment was anatomic. There was spurring the anterior body of L1 with spurring superiorly and inferiorly of the bodies of both above and below.

Examination of both hips revealed no external abnormalities with functional range of motion. Examination of both knees revealed no external abnormalities. Range of motion was functional. McMurray's, Lachman's, and testing collateral ligaments was normal. There was no patellofemoral crepitus and no joint effusion. X-rays of the left knee with the AP taken weightbearing was within normal limits. (Measurement of the thigh equal distance above the superior pole of the patella was 54 cm bilaterally.

Examination of the left calf revealed a well-healed incision laterally from just below the knee to 8 inches above the ankle.

Examination of both ankles revealed no external abnormalities. Range of motion was functional. There was no tenderness over the insertion of the Achilles tendon on the os calcis or the plantar fascia at its attachment. X-rays of the right ankle with the AP taken weightbearing was within normal limits except for small calcium deposit at the tip of the fibula. Examination of both feet revealed no abnormalities with functional range of motion of the toes. Gait examination revealed no antalgia. There was normal heel and toe walking. Hopping created discomfort in the left foot and ankle on the left. There was no difficulty with duck walking.

At the end of the examination I asked the player if there was anything I had missed or that he wanted me to reexamine and the answer was "no"

DIAGNOSIS:

1. Cervical spine chronic sprain
2. Left shoulder mild posterior subluxation
3. Right shoulder no diagnosis
4. Left elbow history hyperextension injury
5. Left wrist no diagnosis
6. Right wrist no diagnosis
7. Left hand carpal tunnel release (performed after NFL career); fourth and fifth fingers probable to trigger fingers
- 8.. Lumbar spine chronic sprain; probable early disc disease L1
9. Left knee no diagnosis
10. Left calf fasciotomy
12. Right ankle probable old sprain
13. Left calf surgical release compartment syndrome

SUMMARY: Regarding impairment player has mild impairment in the lumbar spine. Problems discussed are directly or indirectly related to playing football. Regarding prognosis at the present time all these can be managed symptomatically as he is doing. It is probable that all of these issues will undergo the normal aging process except for possibly the left shoulder and the lumbar spine which may become more symptomatic requiring more aggressive management.

Name: Daniel Loper
MRN: 907850946

Electronically signed by David F Apple, MD on January 2, 2021 2:29 PM

DL-00433

End of Report

Additional Documentation

Flowsheets: [Lace Score](#)

Encounter Info: [Billing Info](#), [History](#), [Allergies](#), [Detailed Report](#)

New Media



Orders Placed

None

Medication Changes

As of 12/18/2020 12:14 AM

None

Visit Diagnoses

None

DL-00434



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone: 800.638.3186
Fax: 410.783.0041

Via Email

January 22, 2021

Mr. Daniel Loper



**Re: NFL Player Disability & Neurocognitive Benefit Plan
Initial Decision by the Disability Initial Claims Committee**

Dear Mr. Loper:

On January 22, 2021, the Disability Initial Claims Committee ("Committee") of the NFL Player Disability & Neurocognitive Benefit Plan ("Plan") considered your application for line-of-duty disability ("LOD") benefits. The Committee denied your application. This letter explains the Committee's decision and your appeal rights. Enclosed with this letter are the relevant Plan provisions cited below.

Discussion

Your application was received on March 3, 2020 and was based solely on orthopedic impairments. You submitted medical records with your application, including operative reports, diagnostic imaging studies, Club records, and neutral physicians' reports pertaining to your prior LOD application. You then attended an examination with Plan neutral orthopedist Dr. David Apple.

On January 22, 2021, the Committee considered your LOD application, the other materials in your file, and the report from Dr. Apple.

Plan Section 5.1(b) states, in part, that to qualify for LOD benefits, at least one Plan neutral physician must find that you have a "substantial disablement" "arising out of League football activities." For orthopedic impairments, you have a substantial disablement if your impairments rate ten or more points using the Point System for Orthopedic Impairments (Plan Section 5.5(a)(4)(B); Appendix A). Dr. Apple rated your impairments at three points under the Point System for Orthopedic Impairments. Because no Plan physician reported that you have a substantial disablement, you do not meet the threshold eligibility requirement of Plan Section 5.1(b). In addition, the medical records you submitted with your application do not support a finding of substantial disablement within the meaning of the Plan, and those records were taken into consideration by Dr. Apple when he calculated your points under the Point System. The Committee thus denied your application for LOD benefits.

Appeal Rights

Enclosed with this letter is a copy of Plan Section 13.14, which governs your right to appeal the Committee's decision. You may appeal the Committee's decision to the Plan's Disability Board by filing a

DL-00435

Mr. Daniel Loper
January 22, 2021
Page 2

written request for review with the Disability Board at this office within 180 days of your receipt of this letter. You should also submit written comments, documents, and any other information that you believe supports your appeal. The Disability Board will take into account all available information, regardless of whether that information was available or presented to the Committee.

This letter identifies the Plan provisions that the Committee relied upon in making its determination. Please note that the Plan provisions discussed in this letter are set forth in the "Relevant Plan Provisions" attachment. These are excerpts, however. You should consult the Plan Document for a full recitation of the Plan's terms. The Committee did not rely on any other internal rules, guidelines, protocols, standards, or other similar criteria beyond the Plan provisions discussed herein.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits, including the governing Plan Document, which can also be found at www.nflplayerbenefits.com. Please note that if the Disability Board reaches an adverse decision on review, you may then bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended, 29 U.S.C. §1132(a).

If you have any questions, please contact the NFL Player Benefits Office.

Sincerely,

Emily Parks

Emily Parks
Benefits Coordinator
On behalf of the Disability Initial Claims Committee

Enclosure

cc: Sam Katz, Esquire

To receive assistance in these languages, please call:

SPANISH (Español): Para obtener asistencia en Español, llame al 855-938-0527 (ext. 1)

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 855-938-0527 (ext. 2)

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-938-0527 (ext. 3)

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-638-3186 (ext. 416)

DL-00436

Relevant Plan Provisions

5.1 Eligibility. Effective January 1, 2015, a Player will receive monthly line-of-duty disability benefits from this Plan in the amount described in Section 5.2 if and only if all of the conditions in (a), (b), (c), (d), and (e) below are met:

- (a) The Player is not an Active Player.
- (b) At least one Plan neutral physician selected pursuant to Section 5.4(b) below must find that the Player incurred a “substantial disablement” (as defined in Section 5.5(a) and (b)) “arising out of League football activities” (as defined in Section 5.5(c)). If no Plan neutral physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive line-of-duty disability benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.
- (c) After reviewing the report(s) of the Plan neutral physician(s) selected pursuant to Section 5.4(b) below, along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player incurred a “substantial disablement” (as defined in Section 5.5(a) and (b)) “arising out of League football activities” (as defined in Section 5.5(c)).
- (d) The Player satisfies the other requirements of this Article 5 or Article 6 of the Bert Bell/Pete Rozelle Plan, as appropriate.
- (e) The Player is not receiving line-of-duty disability benefits from the Bert Bell/Pete Rozelle Plan pursuant to Article 6 of that plan.

5.4 Procedures.

- (b) Medical Evaluations. Whenever the Disability Initial Claims Committee or Disability Board reviews the application or appeal of any Player for line-of-duty benefits, such Player may first be required to submit to an examination scheduled by the Plan with a neutral physician, or any other physician or physicians, institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board, and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any person refusing to submit to any examination required by the Plan will not be entitled to any line-of-duty disability benefits under this Article. If a Player fails to attend an examination scheduled by the Plan, his application for line-of-duty disability benefits will be denied, unless the Player provided at least two business days advance notice to the Plan that he was unable to attend. The Plan will reschedule the Player’s

exam if two business days' advance notice is provided. The Player's application for line-of-duty disability benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive the rule in the prior sentence if circumstances beyond the Player's control preclude the Player's attendance at the examination. A Player or his representative may submit to the Plan medical records or other materials for consideration by a neutral physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a neutral physician, institution, or medical professional.

5.5 Definitions.

(a) A "substantial disablement" is a "permanent" disability that:

- (1) Results in a 50% or greater loss of speech or sight; or
- (2) Results in a 55% or greater loss of hearing; or
- (3) Is the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system; or
- (4) For orthopedic impairments,

(A) With respect to applications received prior to January 1, 2015, using the American Medical Association *Guides to the Evaluation of Permanent Impairment* (Fifth Edition, Chicago, IL) ("AMA Guides"), is (a) a 38% or greater loss of use of the entire lower extremity; (b) a 23% or greater loss of use of the entire upper extremity; (c) an impairment to the cervical or thoracic spine that results in a 25% or greater whole body impairment; (d) an impairment to the lumbar spine that results in a 20% or greater whole body impairment; or (e) any combination of lower extremity, upper extremity, and spine impairments that results in a 25% or greater whole body impairment. In accordance with the AMA Guides, up to three percentage points may be added for excess pain in each category above ((a) through (e)). The range of motion test will not be used to evaluate spine impairments.

(B) With respect to applications received on and after January 1, 2015, is rated at least 10 points, using the Point System set forth in Appendix A, Version 2 to this Plan. Surgeries, injuries, treatments, and medical procedures that occur after a Player's application deadline in Section 5.4(a) will not receive points and will be disregarded by the Committee and Board.

(C) For each application denied because of insufficient points by the Disability Initial Claims Committee or Disability Board on or before April

1, 2016 under the original version of Appendix A, the Disability Initial Claims Committee or the Disability Board, as the case may be, will reconsider whether the Player qualifies for the benefit under Appendix A, Version 2 using the same administrative record as in existence when the benefit was originally denied.

- (b) A disability will be deemed to be “permanent” if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.
- (c) “Arising out of League football activities” means a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. “Arising out of League football activities” does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities.

The introduction to **Appendix A, Version 2** provides this overview of the **Point System** referenced in Section 5.5(a)(4)(B):

This Point System for Orthopedic Impairments (“Point System”) is used to determine whether a Player has a “substantial disablement” within the meaning of Plan Section 5.5(a)(4)(B). The Point System assigns points to each orthopedic impairment recognized under the Plan. A Player is awarded the indicated number of points for each occurrence of each listed orthopedic impairment, but only where the Player's orthopedic impairment arose out of League football activities, and the impairment has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.
2. A Player is awarded points for a surgical procedure if the record includes an operative report for the qualifying procedure or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers’ compensation, should not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities.
3. Points are awarded for symptomatic soft tissue injuries where the injury is documented and there are appropriate, consistent clinical findings that are symptomatic on the day of exam. For example, AC joint injuries must be

documented in medical records and be symptomatic on examination, with appropriate physical findings, to award points.

4. If an injury or surgery is not listed in the Point System, no points should be awarded.
5. Medical records, medical history, and the physical examination must correlate before points can be awarded.
6. If a lateral clavicle resection is given points, additional points cannot be awarded if the AC joint is still symptomatic, such as with AC joint inflammation or shoulder instability.
7. Moderate or greater degenerative changes must be seen on x-ray to award points (i.e., MRI findings do not count).
8. Players must have moderate or greater loss of function that significantly impacts activities of daily living, or ADLs, to get points.
9. Cervical and lumbosacral spine injuries must have a documented relationship to League football activities, with appropriate x-ray findings, MRI findings, and/or EMG findings to be rated.
10. In cases where an injury is treated surgically, points are awarded for the surgical treatment/repair only, and not the injury preceding the surgical treatment/repair. For example, a Player may receive points for "S/P Pectoralis Major Tendon Repair," and if so he will not receive additional points for the "Pectoralis Major Tendon Tear" that led to the surgery.
11. As indicated in the Point System Impairment Tables, some injuries must be symptomatic on examination to merit an award of points under the Point System.
12. To award points for a subsequent procedure on the same joint/body part, the Player must recover from the first procedure and a new injury must occur to warrant the subsequent procedure. Otherwise, a revise/redo of a failed procedure would be the appropriate impairment rating.
13. Hardware removal is not considered a revise/redo of a failed surgery, and points are not awarded for hardware removal.
14. Multiple impairment ratings may be given related to a procedure on the same date, i.e., partial lateral meniscectomy and microfracture or chondral resurfacing.
15. When an ankle ORIF with soft tissue occurs, there should be no additional points for syndesmosis repair or deltoid ligament repair.

Appendix A, Version 2 then includes comprehensive “Point System Impairment Tables,” which assign Point System values to each orthopedic impairment recognized under the Plan. Your total “points” are the sum of those assigned for your recognized orthopedic impairments.

The Point System for Orthopedic Impairments is online at nflplayerbenefits.com. The NFL Player Benefits Office will furnish a full copy of it upon your request.

13.14 Claims Procedure.

It is intended that the claims procedure of this Plan be administered in accordance with the claims procedure regulations of the U.S. Department of Labor, 29 C.F.R. Section 2560.503-1.

- (a) **Claims Received After April 1, 2018.** Except for Article 4 T&P benefits, each person must claim any disability benefits to which he believes he is entitled under this Plan by filing a written application with the Disability Board in accordance with the claims filing procedures established by the Disability Board, and such claimant must take such actions as the Disability Board or the Disability Initial Claims Committee may require. The Disability Board or the Disability Initial Claims Committee will notify such claimants when additional information is required. The time periods for decisions of the Disability Initial Claims Committee and the Disability Board in making an initial determination may be extended with the consent of the claimant.

A claimant’s representative may act on behalf of a claimant in pursuing a claim for disability benefits or appeal of an adverse disability benefit determination only after the claimant submits to the Plan a signed written authorization identifying the representative by name. The Disability Board will not recognize a claimant’s representative who has been convicted of, or pled guilty or no contest to, a felony.

If a claim for disability benefits is wholly or partially denied, the Disability Initial Claims Committee will give the claimant notice of its adverse determination within a reasonable time, but not later than 45 days after receipt of the claim. This determination period may be extended twice by 30 days if, prior to the expiration of the period, the Disability Initial Claims Committee determines that such an extension is necessary due to matters beyond the control of the Plan and notifies the claimant of the circumstances requiring the extension of time and the date by which the Disability Initial Claims Committee expects to render a decision. If any extension is necessary, the notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues. The claimant will be afforded at least 45 days within which to provide the specified information. If the Disability Initial Claims Committee fails to notify the claimant of its decision to grant or deny such claim within the time specified by this paragraph, the claimant may deem such claim to have been denied by the Disability Initial Claims Committee and the review procedures described below will become available to the claimant.

The notice of an adverse determination will be written in a manner calculated to be understood by the claimant, will follow the rules of 29 C.F.R. 2560.503-1(o) for culturally and linguistically appropriate notices, and will set forth the following:

- (1) the specific reason(s) for the adverse determination;
- (2) reference to the specific Plan provisions on which the adverse determination is based;
- (3) a description of additional material or information, if any, needed to perfect the claim and the reasons such material or information is necessary;
- (4) a description of the Plan's claims review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under ERISA Section 502(a) following an adverse determination on review;
- (5) any internal rule, guideline, protocol, or other similar criterion relied on in making the determination (or state that such rules, guidelines, protocols, standards, or other similar criteria do not exist);
- (6) if the determination was based on a scientific or clinical exclusion or limit, an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's circumstances (or state that such explanation is available free of charge upon request);
- (7) a discussion of the decision, including an explanation of the basis for disagreeing with or not following the views of (a) medical professionals treating the claimant and vocational professionals who evaluated the claimant presented by the claimant, (b) medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, or (c) Social Security Administration disability determinations presented by the claimant to the Plan; and
- (8) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits.

The claimant will have 180 days from the receipt of an adverse determination to file a written request for review of the initial decision to the Disability Board.

The claimant will have the opportunity to submit written comments, documents, and other information in support of the request for review and will have access to relevant documents, records, and other information in his administrative record. The Disability Board's review of the adverse determination will take into account all available information, regardless of whether that information was presented or available to the

Disability Initial Claims Committee. The Disability Board will accord no deference to the determination of the Disability Initial Claims Committee.

On review, the claimant must present all issues, arguments, or evidence supporting the claim for benefits. Failure to do so will preclude the claimant from raising those issues, arguments, or evidence in any subsequent administrative or judicial proceedings.

If a claim involves a medical judgment question, the health care professional who is consulted on review will not be the individual who was consulted during the initial determination or his subordinate, if applicable. Upon request, the Disability Board will provide for the identification of the medical experts whose advice was obtained on behalf of the Plan in connection with the adverse determination, without regard to whether the advice was relied upon in making the benefit determination.

The claimant will receive, free of charge, any new or additional evidence considered, relied upon, or generated by or on behalf of the Plan on review, as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided, so that the claimant can have a reasonable opportunity to respond prior to that date. The claimant also will receive, free of charge, any new or additional rationale for the denial of the claim that arises during the review, as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided, so that the claimant can have a reasonable opportunity to respond prior to that date.

The Disability Board meets quarterly. Decisions by the Disability Board on review will be made no later than the date of the Disability Board meeting that immediately follows the Plan's receipt of the claimant's request for review, unless the request for review is received by the Plan within 30 days preceding the date of such meeting. In such case, the Disability Board's decision may be made by no later than the second meeting of the Disability Board following the Plan's receipt of the request for review. If a claimant submits a response to new or additional evidence considered, relied upon, or generated by the Plan on review, or to any new or additional rationale for denial that arises during review, and that response is received by the Plan within 30 days preceding the meeting at which the Disability Board will consider the claimant's request for review, then the Disability Board's decision may be made by no later than the second meeting of the Disability Board following the Plan's receipt of the claimant's response. If special circumstances require an extension of time for processing, the Disability Board will notify the claimant in writing of the extension, describing the special circumstances and the date as of which the determination will be made, prior to the commencement of the extension.

The claimant will be notified of the results of the review not later than five days after the determination.

If the claim is denied in whole or in part on review, the notice of an adverse determination will be written in a manner calculated to be understood by the claimant,

DL-00443

will follow the rules of 29 C.F.R. 2560.503-1(o) for culturally and linguistically appropriate notices, and will:

- (1) state the specific reason(s) for the adverse determination;
- (2) reference the specific Plan provision(s) on which the adverse determination is based;
- (3) state that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- (4) state that the claimant has the right to bring an action under ERISA Section 502(a) and identify the statute of limitations applicable to such action, including the calendar date on which the limitations period expires;
- (5) disclose any internal rule, guidelines, or protocol relied on in making the determination (or state that such rules, guidelines, protocols, standards, or other similar criteria do not exist);
- (6) if the determination was based on a scientific or clinical exclusion or limit, contain an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's circumstances (or state that such explanation is available free of charge upon request); and
- (7) discuss the decision, including an explanation of the basis for disagreeing with or not following the views of (a) medical professionals treating the claimant and vocational professionals who evaluated the claimant presented by the claimant, (b) medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, or (c) Social Security Administration disability determinations presented by the claimant to the Plan.

A claimant may request a written explanation of any alleged violation of these claims procedures. Any such request should be submitted to the plan in writing; it must state with specificity the alleged procedural violations at issue; and it must be received by the Plan no more than 45 days following the claimant's receipt of a decision on the pending application or appeal, as applicable. The Plan will provide an explanation within 10 days of the request.

ATHLAW LLP

RECEIVED
MAY 24 2021
NFL PLAYER BENEFITS

DANIEL
LOPER

Appeal for
LOD Benefits

DL-00445

ATHLAW LLP

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May 19, 2021

NFL DISABILITY BOARD
NFL Player Disability & Neurocognitive Benefit Plan
200 Saint Paul St., Ste. 2420
Baltimore, MD 21202

RE: DANIEL LOPER'S APPEAL FOR LINE-OF-DUTY BENEFITS

Dear Disability Board:

Mr. Daniel Loper, respectfully appeals the Disability Initial Claims Committee's decision to deny his Line-Of-Duty disability benefits.

IMPAIRMENTS SUMMARY		Page
Right Shoulder: "Symptomatic Shoulder Instability"; "Multiple injuries with clinical and MRI evidence support post. instability"; "symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI"		2
Right Shoulder: "he has really inflamed his AC joint"; "He's very tender over his AC joint"; "STILL POINT TENDER ON AC"; "Moderate AC joint arthritis"		3
Left Shoulder: "subacromial decompression" (SURGERY REPORT INCLUDED)		4
Left Shoulder: "Arthroscopy of left shoulder with repair"; "Unstable shoulder" (SURGERY REPORT INCLUDED)		5
Left Shoulder: "Symptomatic Shoulder Instability"; "Multiple injuries with clinical and MRI evidence support post. instability"; "symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI"		6
Left Shoulder: "He's tender over his AC joint"; "Severe AC joint arthrosis"; "Daniel took a blow to his L. Clavicle near the A/C joint"		7
Left Wrist: "Left carpal tunnel release"; "S/P Carpal Tunnel Release" (SURGERY REPORT INCLUDED)		8
Left Wrist: "The DRUH is unstable"; "His DRUJ is unstable in a neutral position"; "He is still tender and unstable"; "Mr. Loper had the TFCC tear on the left side"; "TFCC tear on the left side"; "He lost his balance and fell on an outstretched wrist."		9
Right Wrist: "Right carpal tunnel release"; "Address Where Injury Occured . . . Titans Practice Facility @ Nashville, Tn" (SURGERY REPORT INCLUDED)		10-11
Lumbar Spine: "L5-S1: 3 mm disc herniation"; "Radiculopathy- Lumbar"		12
Cervical Spine: "disc herniation"; "Radiculopathy of cervical region"		13
Left Knee: Knee Arthroscopy including "compartment releases" (SURGERY REPORT INCLUDED)		14
Right Shoulder: "SUB SCAP TEAR"		15
Left Elbow: "1+ valgus stress"; "medial triceps strain"		16
Bilateral Shoulders: "degeneration"; "degenerative signal changes"		17
Bilateral Ankles: "arthrosis"; "Talonavicular joint arthrosis"		18

1
DL-00446

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RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

Right Shoulder	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes

Exhibit A - Dr. Glenn Perry

Right Shoulder	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Exhibit B - Dr. Herndon Murray

IMPRESSION:

1. Left shoulder, labral tears with posterior humeral head subluxation, instability, MRI documented.
2. Right shoulder, labral tears, posterior humeral head subluxation, instability, MRI documented.

Exhibit B - Dr. Herndon Murray

Partial Dislocate	<input checked="" type="checkbox"/>
-------------------	-------------------------------------

Exhibit C - Documented NFL Cowboys Injury

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RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

he has really inflamed his AC joint

Exhibit D - Documented NFL Titans Injury

He's very tender over his AC joint

Exhibit D - Documented NFL Titans Injury

Moderate AC joint arthrosis.

Exhibit E

STILL POINT TENDER ON AC,

Exhibit F - Documented NFL Titans Injury

Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.

Exhibit E

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LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
S/P Subacromial Decompression	1

subacromial decompression

Exhibit G

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
DATE OF SURGERY: 07/17/18
PATIENT MRN#: 30776
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Burton Elrod, M.D.

PREOPERATIVE DIAGNOSES: Unstable shoulder, superior labrum anterior and posterior lesion and failed continued painful, unresponsive to conservative care with impingement and traumatic arthritis of acromioclavicular joint and cyst.

POSTOPERATIVE DIAGNOSES: Unstable shoulder, superior labrum anterior and posterior lesion and continued painful, unresponsive to conservative care with impingement and traumatic arthritis of acromioclavicular joint and cyst.

PROCEDURES PERFORMED: Arthroscopy of left shoulder with repair of circumferential labral lesion, debride rotator cuff **subacromial decompression,** debride glenoid and debride anterior and posterior labrum.

ANESTHESIA: General.

Exhibit G

ATHLAW LLP

LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
S/P Arthroscopic Stabilization Procedure with or without SLAP Repair	3

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
DATE OF SURGERY: 07/17/18
PATIENT MRN#: 30776
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Burton Elrod, M.D.

PREOPERATIVE DIAGNOSES: Unstable shoulder, superior labrum anterior and posterior lesion and failed continued painful, unresponsive to conservative care with impingement and traumatic arthritis of acromioclavicular joint and cyst.

POSTOPERATIVE DIAGNOSES: Unstable shoulder, superior labrum anterior and posterior lesion and continued painful, unresponsive to conservative care with impingement and traumatic arthritis of acromioclavicular joint and cyst.

PROCEDURES PERFORMED: Arthroscopy of left shoulder with repair of circumferential labral lesion, debride rotator cuff, subacromial decompression, debride glenoid and debride anterior and posterior labrum.

ANESTHESIA: General.

Exhibit G

DBM 11/10/2021

ATHLAW LLP

LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

Left Shoulder			
	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes

Exhibit A - Dr. Glenn Perry

Left Shoulder			
	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Exhibit B - Dr. Herndon Murray

LEFT SHOULDER				
Impairment	Occur.	Points	Cause	Comments
Symptomatic Shoulder Instability	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- ____ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	

Exhibit H - Dr. David Apple

Left Shoulder?	<input checked="" type="checkbox"/>
----------------	-------------------------------------

Exhibit I - Documented NFL Titans Injury

ATHLAW LLP

LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

He's tender over his AC joint

Exhibit J - Documented NFL Titans Injury

Severe AC joint arthrosis

Exhibit K

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Clavicle, musculo-skeletal

Onset: 8/20/2011 Return: 9/03/2011

Daniel took a blow to his L Clavicle near the A/C joint.

Exhibit L - Documented NFL Raiders Injury

Final Impression:

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

Exhibit K

ATHLAW LLP

LEFT WRIST OCCURRENCE

S/P Carpal Tunnel Release	2
---------------------------	---

LEFT WRIST

Impairment	Occur.	Points
S/P Carpal Tunnel Release	1	2

Exhibit H - Dr. David Apple¹

Left carpal tunnel release.

Exhibit M

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
 DATE OF SURGERY: 01/09/20
 PATIENT MRN#: 30776
 DATE OF BIRTH: [REDACTED]
 PHYSICIAN: Thomas Dovan, M.D.

PREOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome

POSTOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome

PROCEDURE PERFORMED: Left carpal tunnel release.

Exhibit M

¹ Dr. Apple is apparently unaware that a material modification to the Disability Plan that clarifies that Players who apply after April 1, 2019 *may* receive points for surgeries that occurred prior to their deadline to apply for Line-Of-Duty. Mr Loper's deadline to apply for Line-Of-Duty was August 31, 2020 and this surgery prior to that on January 9, 2020.

ATHLAW LLP

LEFT WRIST OCCURRENCE

<u>Wrist Impairment</u>	<u>Point Value</u>

HISTORY: Mr. Loper is a 24-year-old man who plays with the Titans. He was some doing some sort of exercise game about three weeks ago and was pushed from behind. He lost his balance and **fell on an outstretched wrist.** He had some pain in it and thought it was just

Exhibit N - Document NFL Titans Injury

The DRUJ is **unstable**

Exhibit O - Document NFL Titans Injury

His DRUJ is **unstable** in a neutral position

Exhibit N - Document NFL Titans Injury

He is still tender and **unstable.**

Exhibit P - Document NFL Titans Injury

Mr. Loper had the **TFCC tear** on the left side.

Exhibit P - Document NFL Titans Injury

TFCC tear on the left side

Exhibit O - Document NFL Titans Injury

ATHLAW **LLP**

RIGHT WRIST OCCURRENCE

<u>Wrist Impairment</u>	<u>Point Value</u>
S/P Carpal Tunnel Release	2

Right carpal tunnel release.

Exhibit Q

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
 DATE OF SURGERY: 08/28/20
 PATIENT MRN#: 30776
 DATE OF BIRTH: [REDACTED]
 PHYSICIAN: Thomas Dovan, M.D.

PREOPERATIVE DIAGNOSIS: Right carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS: Right carpal tunnel syndrome.

PROCEDURE PERFORMED: Right carpal tunnel release.

Exhibit Q

ADDRESS WHERE INJURY OCCURED (if other than employer's premises)
Titans Practice Facility @ Nashville, Tn

PHYSICIAN NAME

Exhibit R

ATHLAW LLP**RIGHT WRIST OCCURRENCE CONTINUED**

<u>Wrist Impairment</u>	<u>Point Value</u>
S/P Carpal Tunnel Release	2

Right carpal tunnel release.

Exhibit Q

DATE OF INJURY

10/5/2008

DATE EMPLOYER NOTIFIED OF INJURY

10/5/2008

Exhibit R

How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.

Body contact

Exhibit R

Episode # 11669

Date	Activity
Sun 06-Jan-2008	Injury/Illness
Mon 07-Jan-2008	Treatments

Episode # 12225

Date	Days Elapsed	Activity
Sun 05-Oct-2008	0	Injury/Illness
Tue 07-Oct-2008	2	Treatments
		Team Status
		Activity
		Trainer's Notes

Exhibit S

Exhibit T

ATHLAW LLP

<u>Lumbar Spine Impairment</u>	<u>Point Value</u>
Documented Herniated Lumbar Nucleus Pulposus With Radiculopathy (Does Not Include Disc Bulges Or Disc Protrusions)	5

L5-S1: 3 mm disc herniation.

Exhibit U

Final Impression:

1. L4-5: 3 mm disc bulge and mild left lateral recess stenosis.
2. L5-S1: 3 mm disc herniation. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 root.
3. Spondylosis.

Exhibit U

Radiculopathy- Lumbar

724.4/M54.16

Exhibit V

Radiculopathy- Lumbar

724.4/M54.16

Exhibit W

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Lumbar Facet Syndrome

Onset: 8/13/2011 Return: 8/17/2011

Injury/Illness Report

LOPER, DANIEL

Lumbar Facet Syndrome

General

Side of body injured:	Left
Clinical impressions:	Lumbar Facet Syndrome
Injury occurred on team:	The Oakland Raiders
Onset of injury:	8/13/2011

Exhibit X

ATHLAW LLP

<u>Cervical Spine Impairment</u>	<u>Point Value</u>
Documented Herniated Cervical Nucleus Pulposus With Radiculopathy (Does Not Include Disc Bulges Or Disc Protrusions)	5

disc herniation

Exhibit Y

Final Impression:

1. C6-7: 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis.

Exhibit Y

Radiculopathy of cervical region 723.4/M54.12

Exhibit W

Radiculopathy of cervical region 723.4/M54.12

Exhibit V

<u>101.NECK</u>	L	R
Stretches		
Pinches		✓

Exhibit C

ATHLAW LLP

LEFT KNEE OCCURRENCE

<u>Knee Impairment</u>	<u>Point Value</u>

OPERATIVE NOTE

PREOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

POSTOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

PRINCIPAL PROCEDURE: Arthroscopically assisted fasciotomy, anterior compartment, left leg.

Exhibit Z

Daniel Loper

Date of Service: 7-17-2008

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS: Daniel returns now three weeks and one day status post arthroscopically assisted anterior compartment releases to his left knee. Overall he feels he has done quite well and he has no complaints.

Exhibit AA

ATHLAW LLP**RIGHT SHOULDER OCCURRENCE**

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

SUB SCAP TEAR*Exhibit BB*

DATE OF INJURY 2/5/2008	TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED	TIME EMPLOYEE BEGAN WORK ON INJURY DATE 12:00 PM
DATE EMPLOYER NOTIFIED OF INJURY 2/6/2008	BODY PART AFFECTED CODE R Shoulder	NATURE OF INJURY CODE Rot Cuff Str 1 Deg
DATE CLAIM ADM NOTIFIED OF INJURY	CAUSE OF INJURY CODE	
DATE LAST DAY WORKED	How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee. Body contact	

Exhibit CC

05-Feb-08

07-Feb-08

R Shoulder

Rot Cuff Str

*Exhibit DD***LOPER, DANIEL****Right SHOULDER SUBSCAPULARIS STR***Exhibit EE*

ATHLAW **L L P**

LEFT ELBOW OCCURRENCE

<u>Elbow Impairment</u>	<u>Point Value</u>

1+ valgus stress

Exhibit FF

IMPRESSION: Left elbow hyperextension injury with medial triceps strain.

Exhibit FF

ATHLAW LLP

RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>

degeneration in the humeral head and glenoid

Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.

Exhibit E

LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>

Final Impression:

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

Exhibit K

ATHLAW LLP

RIGHT ANKLE OCCURRENCE

<u>Ankle Impairment</u>	<u>Point Value</u>

arthrosis,

Final Impression:

1. Chronic high-grade tears of the anterior tibiofibular and anterior talofibular ligaments. Clinical correlation for instability is recommended.
2. Marginal osseous ridging about the ankle, compatible with arthrosis, without chondral defect.

Exhibit GG

LEFT ANKLE OCCURRENCE

<u>Ankle Impairment</u>	<u>Point Value</u>

Talonavicular joint arthrosis

Final Impression:

1. Tibialis posterior tendinosis, with mild tenosynovitis of all three flexor tendons.
2. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon.
3. Talonavicular joint arthrosis and marginal osseous ridging.

Exhibit HH

ATHLAW LLP

In keeping with the plain terms and manifestation of intent of the Plan, the Board should prudently and expeditiously award Mr. Daniel Loper the collectively bargained for benefits he deserves "...as part of [his] compensation for investing [himself] in sports ..." Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433, 1439 (8th Cir. 1993).

Please contact me if you have any questions.

Sincerely,
ATHLAW LLP


SAMUEL KATZ, ESQUIRE

ATHLAW LLP**DANIEL LOPER LOD APPEAL EXHIBIT LIST**

Exhibit A	NFL Plan Physician's Report Form and Report by Dr. Glenn Perry Dated November 14, 2018
Exhibit B	NFL Plan Physician's Report Form and Report by Dr. Herndon Murray Dated April 12, 2018
Exhibit C	Cowboys Health History Questionnaire Dated October 18, 2011
Exhibit D	Titans Injury Report Dated August 22, 2005
Exhibit E	Right Shoulder MRI Report Dated August 29, 2017
Exhibit F	Titans Right Shoulder Player Treatment History Dated August 23, 2005
Exhibit G	Left Shoulder Operative Report Dated July 17, 2018
Exhibit H	NFL Plan Physician's Report Form and Report by Dr. David Apple Dated January 5, 2021
Exhibit I	Titans Health History Dated June 20, 2007
Exhibit J	Titans Left Shoulder Injury Report Dated November 27, 2008
Exhibit K	Left Shoulder MRI Report Dated August 29, 2017
Exhibit L	Raiders Left Shoulder Injury Report Dated October 19, 2011
Exhibit M	Left Wrist Operative Report Dated January 9, 2020
Exhibit N	Titans Left Wrist Injury Report Dated April 27, 2006
Exhibit O	Titans Left Wrist Injury Report Dated November 16, 2006
Exhibit P	Titans Left Wrist Injury Report Dated May 18, 2006
Exhibit Q	Right Wrist Operative Report Dated August 28, 2020
Exhibit R	Tennessee Workers' Compensation Report Dated October 5, 2008
Exhibit S	Titans Injury Report Dated January 6, 2008
Exhibit T	Titans Injury Report Dated October 5, 2008
Exhibit U	Lumbar Spine MRI Report Dated August 29, 2017
Exhibit V	Orthopedic Examination Report by Dr. Colin Crosby Dated April 11, 2018
Exhibit W	Orthopedic Examination Report by Dr. Colin Crosby Dated May 24, 2018
Exhibit X	Raiders Lumbar Injury Reports Dated October 13, 2011
Exhibit Y	Cervical Spine MRI Report Dated August 29, 2017
Exhibit Z	Left Knee Operative Report Dated June 25, 2008
Exhibit AA	Titans Left Knee Injury Report Dated July 17, 2008
Exhibit BB	Titans Right Shoulder Injury Report Dated August 23, 2005
Exhibit CC	Tennessee Workers' Compensation Report Dated April 11, 2008
Exhibit DD	Titans Injury Summary Dated March 6, 2008

DL-00465

ATHLAW LLP

Exhibit EE	Titans Right Shoulder Injury Report Dated August 2, 2005
Exhibit FF	Raiders Left Elbow Injury Report Dated August 25, 2010
Exhibit GG	Right Ankle MRI Report Dated August 29, 2017
Exhibit HH	Left Ankle MRI Report Dated August 29, 2017

DL-00466

EXHIBIT A

EXHIBIT A

DL-00467

Physician's Report
FormNFL Player Disability & Neurocognitive
Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the Plan Office (Tel. No. (800) 638-3186) if you are contacted by any of these individuals.

Players Name Loper, Daniel

Date of Birth

Address

Credited Seasons

2005 - 2012

Telephone

Did you evaluate the player?

Yes

If so, when?

11/14/2018

Have you or any of your partners ever treated
the Player?

No

Is the patient's condition the primary or
contributory cause of the surgical removal or
major functional impairment of a vital bodily
organ or part of the central nervous system?

No

Impairments

Left Shoulder Points Total:

3

Right Shoulder Points Total:

3

Impairments Total:

6

General Comments:

Player had a compartment release of left leg that is not a ratable procedure.

Confirmation:

I, Glenn Perry, M.D., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

Physician

Glenn Perry, M.D.

Reviewer's Comments

Comments

DL-00468



NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Physician's Report Form

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Players Name Loper, Daniel
Date of Birth [REDACTED]
Address [REDACTED]
Credited Seasons 2005 - 2012
Telephone [REDACTED]

Did you evaluate the player? Yes
If so, when? 11/14/2018
Have you or any of your partners ever treated the Player? No
Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

Impairments

Left Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes
Left Shoulder Points Total:	3		

Right Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes
Right Shoulder Points Total:	3		

Impairments Total: 6

DL-00469

Narratives

Please upload PDF or .tif versions of your documents.

Daniel Loper PDF.pdf

103.42KB

General Comments:

Player had a compartment release of left leg that is not a ratable procedure.

Confirmation:

I, Glenn Perry, MD., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

Physician

Glenn Perry, M.D.

Reviewer's Comments

Comments

DL-00470

November 15, 2018

Daniel Loper

DOB [REDACTED]

NFL Independent Medical Evaluation—Line of Duty

36-year-old offensive lineman played in college at Texas Tech. He played for Tennessee 2000 5/2/2008, Detroit 2009, Oakland 2010, Dallas 2011,

Cervical spine/neck: Patient gives a report of multiple stingers during his NFL career that also lead to a stiff neck. He complains of numbness in his arms and fingers as well as pain in his neck. Records indicate an MRI of the cervical spine on August 29, 2017 impression: C6-C7 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis. Also 1-2 mm disc bulge at 3 other levels. Records indicate electrodiagnostic studies from the neurology office of Dr. Garrison Strickland on 4/10/2018. The report shows carpal tunnel syndrome bilateral wrists but no evidence of cervical or lumbar radiculopathy based on this electrodiagnostic study. Exam 11/15/2018 shows no evidence of radiculopathy with no focal deficits of motor, sensory, reflex.

Lumbar spine: Patient has complained of lower back pain throughout his career. He continues with lower back pain since his career and has pain with lifting and bending. He does give a history of pain shooting down both legs but no history of numbness. Records indicate MRI lumbar spine August 29, 2017, L5-S1 3 mm disc herniation with mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the L5 nerve root. As stated previously, an electrodiagnostic study by Dr. Garrison Strickland dated 4/10/2018 shows no evidence of a lumbar radiculopathy. Exam 11/15/2018 shows no evidence of radiculopathy and no focal deficits of motor sensory reflex. Patient had negative straight leg raising.

Left shoulder: Patient reported pain in his left shoulder during his career. He did not have any surgery on his shoulder but now feels as if the shoulder is unstable. Records indicate an MRI August 29, 2017 that shows degeneration of the superior labrum with partial detachment of the posterior superior labrum with para labral ganglion cyst. Also posterior subluxation of the humeral head with flattening the posterior glenoid. Exam 11/15/2018 shows marked decreased range of motion in abduction and pain and apprehension with posterior subluxation. Patient gives a history of recent surgery by Dr. Burton Elrod but no operative note is available.

Right shoulder: Patient reports similar symptoms in his right shoulder as per his left. Again he did not have any surgery during his NFL career but does feel as if the shoulder is unstable. Records indicate an MRI dated August 29, 2017 show posterior labral fraying and tearing and attenuation with posterior subluxation of the humeral head most likely due to the posterior labral tearing. Exam 11/15/2018 shows pain and apprehension with posterior subluxation.

Right knee: Patient reports injuries to his right knee including an medial collateral ligament sprain that was treated without surgery. Patient does feel popping with lateral motion from his knee and reported

DL-00471

a prepatellar bursitis with Oakland in 2011. There are no MRs of the right knee as part of his records. Patient did have an x-ray of the right knee August 29, 2017 that showed mild medial joint space narrowing and ossification that projects over the superior aspects of the medial knee possibly due to a previous medial collateral ligament injury. This is consistent with the patient's history. Exam 11/15/2018 largely unremarkable

Left knee: Records indicate an MRI of the left knee August 29, 2017 that shows tendinitis of the patella quadriceps and popliteal tendons as well as prepatellar edema but no internal derangement. Patient had an x-ray of the left knee dated August 29, 2017 that showed mild medial joint space narrowing otherwise no evidence of fracture erosive or destructive process. Exam 11/15/2018 unremarkable

Right ankle: Patient gave a history of surgery on the right ankle in 1992. Records indicate an MRI August 29, 2017 that indicate high-grade tears of the anterior tibiofibular and anterior talofibular ligaments with some chronic bony fragmentation of the lateral malleolus and a prominent posterior process of the talus. Patient had an x-ray of the right ankle dated August 29, 2017 that showed chronic bone fragment of the lateral malleolus posterior calcaneal spurring and marginal osseous ridging off the superior talar neck. Exam 11/15/2018 increased inversion.

Left ankle: Records indicate an MRI dated August 29, 2017 that show tibialis posterior tendinosis distal Achilles tendinosis, talonavicular arthrosis, and thickening and scarring of the anterior talofibular ligament suggestive of previous injury without tear defect. Patient had an x-ray of the left ankle August 29, 2017 that show no medial or lateral malleolar soft tissue swelling. No evidence of fracture erosive or destructive process. Mild marginal osseous ridging off the superior talar neck. Exam 11/15/2018 increased inversion

Left hand: Patient had a x-ray of the left hand August 29, 2017 that shows no evidence of fracture erosive or destructive process

Left wrist: Patient had an x-ray dated August 29, 2017 that showed no evidence of fracture erosive or distractive process with mild arthrosis at the first metacarpal phalangeal joint

Patient had a left leg compartment syndrome in 2008 with Tennessee. He had a compartment release performed. He was able to return to play but does complain of soreness at the incision site.

Patient had a lacerated spleen in 2006. It was treated nonoperatively

I, Glenn B Perry M.D., have personally reviewed all 32 pages of the patient's medical record as well as the player's appeal letter.

EXHIBIT B

EXHIBIT B

DL-00473

DBM 11/10/2021

E-Ballot - 4/26/2018

Physician's Report
FormNFL Player Disability & Neurocognitive
Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

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Players Name Loper, Daniel

Date of Birth

Address

Credited Seasons

2005 - 2012

Telephone

Did you evaluate the player?

Yes

If so, when?

4/12/2018

Have you or any of your partners ever treated
the Player?

No

Is the patient's condition the primary or
contributory cause of the surgical removal or
major functional impairment of a vital bodily
organ or part of the central nervous system?

No

Impairments

Left Shoulder Points Total:

3

Right Shoulder Points Total:

3

Impairments Total:

6

General Comments:

There do not appear to be Point System Impairment Table ratings for leg compartment syndrome surgical decompression or for carpal tunnel syndrome without surgical release.

Confirmation:

I, H. Herndon Murray, M.D., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

Physician

H. Herndon Murray, M.D.

Reviewer's Comments

Comments

DL-00474

DBM 11/16/2021

E-Ballot - 4/26/2018



NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Physician's Report Form

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the Plan Office (Tel. No. (800) 638-3186) if you are contacted by any of these individuals.

Players Name Loper, Daniel

Date of Birth

Address

Credited Seasons

2005 - 2012

Telephone

Did you evaluate the player? Yes

If so, when? 4/12/2018

Have you or any of your partners ever treated the Player? No

Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

Impairments

Left Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Left Shoulder Points Total: 3

Right Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Right Shoulder Points Total: 3

DL-00475

DBM 11/16/2021

E-Ballot - 4/26/2018

Impairments Total: 6

Narratives

Please upload PDF or .tif versions of your documents.

LOPER, DANIEL_04 16 2018_241611_IME.pdf

204.28KB

General Comments:

There do not appear to be Point System Impairment Table ratings for leg compartment syndrome surgical decompression or for carpal tunnel syndrome without surgical release.

Confirmation:

I, H. Herndon Murray, M.D., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

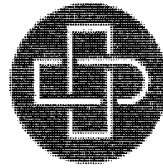
Physician

H. Herndon Murray, M.D.

Reviewer's Comments

Comments

DL-00476

DBM 11/10/2021
E-Ballot - 4/26/2018

PEACHTREE ORTHOPEDICS

PATIENT NAME: LOPER, DANIEL
PATIENT NUMBER: 652995
DATE OF BIRTH: [REDACTED]
DATE OF SERVICE: 04/12/2018
PROVIDER: H Herndon Murray, MD

INDEPENDENT MEDICAL EVALUATION

The patient is a 36-year-old male seen for orthopedic evaluation at the request of the NFL Player Retirement Plan.

He gives a history of playing in the NFL with the Tennessee Titans from 2005 through 2008, the Detroit Lions in 2009, the Oakland Raiders in 2010, and the Dallas Cowboys in 2011 and 2012.

He played high school football in Texas and, while in junior high school, had surgery on his right ankle where they "sutured bone" at age 13. He played college football at Texas Tech and had no surgeries during college. He played on the offensive line, left tackle.

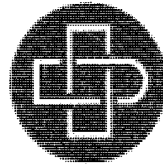
CHIEF COMPLAINTS AND PRESENT ILLNESS: Current symptoms listed in descending order of severity:

1. Left shoulder. He reports that his left shoulder started bothering him during his NFL career, there was no one particular injury, cumulative injuries over several years. He said evaluation showed a "shaved humeral head" on an MRI that he had in August. Treatment in the NFL was in the training room, nonoperative measures, no history of surgery. He reports that now his shoulder feels unstable and weak. He describes "subluxation" symptoms. He did have some special bracing with his shoulder pads while in the NFL. His weakness and feeling of instability continue at this time.
2. Right shoulder. He reports the symptoms and history in the right shoulder are "the exact same" as described above on the left. He reports daily pain with activities in both shoulders.
3. Cervical spine/neck. He reports multiple stingers and stiff neck episodes during his NFL career. He says that he saw doctors and chiropractors. He now complains of numbness in his arms and fingers as well as neck pains. He says he has tried multiple different pillows. Main symptoms are on the right more than on the left, mainly in the lateral hand and fingers. He reports diagnosis as carpal tunnel syndrome bilaterally and that the numbness tends to come and go.
4. Lower back. Cumulative lower back pain in the NFL, history of episode of bruised kidney while in Detroit. Treatment was always in the training room. He is not aware of any specialty referral during his career. He reports that his lower back now hurts with daily activities, particularly with lifting and bending. He reports some pain shooting down his legs, no history of numbness.

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PEACHTREE ORTHOPEDICS

LOPER, DANIEL

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Pain is worse with standing, bending, lifting, and running, and typically is about a level of 5-6/10 and at its worst goes up to a level of 8-9/10.

5. Lacerated spleen, 2006. Hospitalized in Jacksonville, managed nonoperatively. He now reports shooting pains in the area of his spleen associated with drinking lots of liquids and with eating certain foods.
6. Left wrist. Injured in 2007 while with the Titans, he understood that he had "torn ligaments." He wore a protective cast the entire season. The left wrist now grinds and hurts with activities.
7. Right knee. He reports several injuries to the knee including an injury to the medial collateral ligament, treated nonoperatively. He says he has experienced the knee "popping out" laterally when he gets out of a car. The knee is uncomfortable and feels loose, but does not stop his normal ADLs. He reports that he had a "burst bursa sac" with Oakland in 2011.
8. Left leg compartment syndrome in 2008 with the Titans. He was running during the off season and was diagnosed with compartment syndrome requiring a surgical decompression in Nashville. He was able to return to play. The leg still has some tenderness at the surgical scar.
9. Several broken fingers. He reports that the fingers were taped and he continued playing, did not require any surgeries. He now reports that he has lost some motion in his fingers and has possible trigger finger symptoms.

SOCIAL/WORK HISTORY: He did graduate from Texas Tech with a degree in exercise and sports science. He is currently self-employed owning a construction company.

CURRENT MEDICATIONS RELATED TO INJURIES: None.

PAST MEDICAL HISTORY: A comprehensive history sheet is reviewed with him. It reflects good general health, no major medical illnesses. He does give a history of migraine headaches and memory lapse or loss.

REVIEW OF OUTSIDE RECORDS: Thirty-two pages.

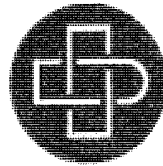
There are no NFL medical records in his folder; the only records are a report of an "Advanced Physician's" evaluation from a chiropractor, Lawrence Chan, dated 08/29/2017. It included MRIs of his cervical spine, lumbar spine, right shoulder, left shoulder, left knee, right ankle, and left ankle.

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PEACHTREE ORTHOPEDICS

LOPER, DANIEL

#652995

04/12/2018

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The MRI report from the right shoulder dated 08/29/2017 reflected a radiology report of labral fraying and tears anteriorly and posteriorly, posterior subluxation of the humeral head, chondral degeneration in the humeral head and glenoid, and moderate AC arthrosis.

An MRI of his left shoulder of the same date indicated partial detachment of the posterior labrum, fraying of the anterior labrum, severe AC arthrosis, posterior subluxation of the humeral head, flattening of the posterior glenoid, and degenerative signal changes in the humeral head.

He brought by hand a neurology office visit and electrodiagnostic studies from a Dr. Garrison Strickland in Nashville, Tennessee, dated 04/10/2018. The report reflects findings of bilateral carpal tunnel syndrome, mild on the right, severe on the left. There was no evidence of cervical or lumbar radiculopathy on the electrodiagnostic studies.

PHYSICAL EXAMINATION: He presents as a well-developed, well-nourished male in no acute distress. He is alert and oriented, pleasant and cooperative throughout the exam.

He appears to be his stated height of 6 feet 6-1/2 inches and weight of 346 pounds. He stands with a normal posture and walks with a normal gait, including heel walk and toe walk.

On examination of the cervical, thoracic, and lumbar spine, there is no swelling, erythema, or deformity on inspection. On palpation, he reports some tenderness in the right upper trapezius musculature and some tenderness in the right posterosuperior iliac spine area, but there are no objective findings on palpation. He demonstrates a good range of motion of the cervical spine.

On examination of his upper extremities for evidence of radiculopathy and myelopathy, he has normal findings including reflex, motor, and sensory exams. He makes a good and credible effort on manual muscle testing and reports normal finger sensation today. There is no observable thenar atrophy and I do not see any clinical evidence of radiculopathy or myelopathy on exam today.

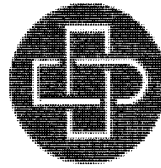
Likewise, his reflex, motor, sensory, and straight leg raise exams in his lower extremities are normal with no clear findings of radiculopathy or myelopathy.

Both shoulders are well aligned with normal bony and musculature contours on inspection. On palpation, there is no localized tenderness and I cannot demonstrate any shoulder instability with ranging his shoulders, although he has a good full range of motion both passively and actively of both shoulders, shoulder exams are clinically unremarkable today.

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PEACHTREE ORTHOPEDICS

LOPER, DANIEL**#652995****04/12/2018****PAGE 4**

Both elbows are well aligned and normal on inspection, palpation, and ranging.

Both wrists are also well aligned and without deformity. There is no deformity specifically on the left wrist, and both wrists exhibit a normal range of flexible motion.

Both hands are well aligned with good functional active range of motion. He has a mild PIP flexion contracture of the left long finger.

Both hips show normal range of motion without discomfort.

Both knees are well aligned and not swollen, normal range of motion, no palpable effusion in either knee. Both knees are stable to stress in all directions.

There is a healed fasciotomy incision on the left anterolateral leg which is not swollen and nontender.

His left ankle has a surgical scar posterior to the lateral malleolus. Both ankles are well aligned with normal bimalleolar contours and good flexibility.

Both feet are well aligned without structural deformity, both 1st metatarsophalangeal joints are supple.

RADIOGRAPHIC INTERPRETATION: AP and lateral x-rays of both shoulders show normal glenohumeral alignment, no significant degenerative changes radiographically either at the glenohumeral joint or at the acromioclavicular joint.

X-rays of the left wrist show normal alignment with no apparent intercarpal instability or fracture deformity.

AP, lateral, and skyline x-rays of the right knee show a small focus of ossification in the proximal medial collateral ligament at the proximal medial femoral condyle consistent with mild Pellegrini-Stieda ossification consistent with a MCL injury.

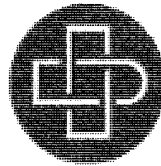
AP and lateral x-rays of the cervical spine are well aligned and appear stable. He has some narrowing in the intervertebral disk space at C6-C7 and very mild early narrowing at C4-5 and C5-6.

X-rays of the lumbar spine are well aligned and appear stable, no significant degenerative changes, no apparent spondylolysis or spondylolisthesis.

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**DL-00480**

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PEACHTREE ORTHOPEDICS

LOPER, DANIEL

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IMPRESSION:

1. Left shoulder, labral tears with posterior humeral head subluxation, instability, MRI documented.
2. Right shoulder, labral tears, posterior humeral head subluxation, instability, MRI documented.
3. Neck pain, degenerative disk disease cervical spine.
4. Low back pain, no clear structural injury to lumbar spine.
5. Left wrist, status post sprained ligament by history, no clear structural injury or wrist instability.
6. Right knee pain, status post medial collateral ligament injury, nonoperative management.
7. Left leg compartment syndrome, status post surgical decompression.
8. Spleen laceration, by history.
9. Mild PIP flexion contracture, left ring finger.
10. Carpal tunnel syndrome, bilateral, confirmed on nerve conduction studies.

H. Herndon Murray, M.D.
Orthopedic Surgeon
Peachtree Orthopedic Clinic
Atlanta, Georgia 30342

HHM//wz960cl
RPT#241611

Proud Partners



DL-00481

EXHIBIT C

EXHIBIT C

DL-00482

DBM 11/10/2021

DALLAS COWBOYS FOOTBALL CLUB, LTD

HEALTH HISTORY QUESTIONNAIRE

Name: DANIEL LOPEZ Date: 10/15/11

Social Security #: [REDACTED] Birth Date: [REDACTED] Age: 29

Marital Status: MARRIED Wife's Name: [REDACTED]

Children/Ages: [REDACTED] Phone: [REDACTED]

Person to Notify in an Emergency: [REDACTED]

College Football Experience: School TEXAS TECH Years: 2000-04

Pro Football Experience (Team & Years) TITANS 4 yrs. / LIONS 1 yr. / RAIDERS 1 yr.

Position: OL Height: 6'6" Usual Weight: 325 lbs.

INSTRUCTIONS

- 1 THIS FORM IS FOR YOUR BENEFIT. YOU MUST DISCLOSE ALL INJURIES OR ILLNESSES WHETHER YOU CONSIDER THEM TO BE SERIOUS OR NOT.
- 2 FILL IN THE FORM BY CHECKING THE APPROPRIATE RESPONSE OR FILL IN THE BLANKS.
- 3 EVERY NUMBERED ITEM CHECK "YES" SHOULD BE FULLY EXPLAINED ON THE LAST PAGE OF THIS FORM. INCLUDE ALL DATES, PROCEDURES, SURGERIES, HOSPITALIZATIONS AND PHYSICIANS.

HAVE YOU EVER HAD OR DO YOU HAVE NOW?

Check each item	Yes	No	Check each item	Yes	No
A. CHEST / HEART			D. GI continued		
1 Chest Pain	<input checked="" type="checkbox"/>		8 Colitis		<input checked="" type="checkbox"/>
2 Heart Trouble		<input checked="" type="checkbox"/>	9 Rectal Bleeding		<input checked="" type="checkbox"/>
3 Palpitations			10 Hemorrhoids		<input checked="" type="checkbox"/>
4 Irregular Heart Beats			11 Liver Problems		<input checked="" type="checkbox"/>
5 Very Fast Heart Beat			12 Hepatitis		<input checked="" type="checkbox"/>
6 Abnormal (EKG) Electrocardiogram			13 Abnormal Liver Tests		<input checked="" type="checkbox"/>
7 Other Tests for Heart			14 Pancreas Problems (Pancreatitis)		<input checked="" type="checkbox"/>
8 High Blood Pressure			15 Gallstones		<input checked="" type="checkbox"/>
9 Shortness of Breath			16 Spleen Problem	<input checked="" type="checkbox"/>	
10 Pleurisy			17 Kidney Problem		<input checked="" type="checkbox"/>
11 Bronchitis			18 Bruised Kidney		<input checked="" type="checkbox"/>
12 Pneumonia			19 Blood in the Urine		<input checked="" type="checkbox"/>
13 Coughing up Blood			20 Kidney Stones		<input checked="" type="checkbox"/>
B. HEAD			21 Urine Infection		<input checked="" type="checkbox"/>
1 Nose Bleed	<input checked="" type="checkbox"/>		22 Absent or Undescended Testicle		<input checked="" type="checkbox"/>
2 Hay Fever		<input checked="" type="checkbox"/>	23 Swelling of Testicle		<input checked="" type="checkbox"/>
3 Asthma	<input checked="" type="checkbox"/>		24 Prostate Infection or Trouble		<input checked="" type="checkbox"/>
4 Frequent Sore Throats		<input checked="" type="checkbox"/>	E. GENERAL		
5 Tonsillitis			1 Skin Problems		<input checked="" type="checkbox"/>
6 Strep Throat Infection			2 Bruise Easily		<input checked="" type="checkbox"/>
7 Infectious Mono			3 Venereal Disease		<input checked="" type="checkbox"/>
8 Tooth or Gum Problems			4 Excessive Drinking Habit		<input checked="" type="checkbox"/>
9 Sinus Infections			5 Used Stimulants or Amphetamines		<input checked="" type="checkbox"/>
10 Epilepsy, Fits, Convulsions or Seizures			6 Any Drug Habits		<input checked="" type="checkbox"/>
11 Frequent Headaches			7 Used Weight Reducing or Water Pills		<input checked="" type="checkbox"/>
12 Dizziness or Fainting Spells			8 Used Anabolic Steroids		<input checked="" type="checkbox"/>
13 Black Out Spells			9 Used Sedatives or Tranquillizers		<input checked="" type="checkbox"/>
14 Head Injury or Concussion	<input checked="" type="checkbox"/>		10 Tumor, Growth, Cyst or Cancer		<input checked="" type="checkbox"/>
15 Loss of Memory or Amnesia		<input checked="" type="checkbox"/>	11 Any Type of Rupture (Hernia)		<input checked="" type="checkbox"/>
C. ENT			12 Gout		<input checked="" type="checkbox"/>
1 Worn Glasses		<input checked="" type="checkbox"/>	13 Aids		<input checked="" type="checkbox"/>
2 Worn Contact Lenses			14 Diabetes		<input checked="" type="checkbox"/>
3 Any Other Visual or Eye Problem			15 Fall Asleep Easily		<input checked="" type="checkbox"/>
4 Hearing Difficulty			16 Thyroid Problems		<input checked="" type="checkbox"/>
5 Worn a Hearing Aid			17 Malaria		<input checked="" type="checkbox"/>
6 Any Other Ear Problem			18 Easy or Frequent Muscle Cramping		<input checked="" type="checkbox"/>
7 Wear False Teeth or Bridge			19 Heat Intolerance		<input checked="" type="checkbox"/>
8 Bleed Excessively after Tooth Extraction			20 Tobacco Use (Smoke or Dip)	<input checked="" type="checkbox"/>	
D. GI			21 Dehydration		<input checked="" type="checkbox"/>
1 Frequent Heart Burn or Indigestion		<input checked="" type="checkbox"/>	22 Been Denied Life Insurance		<input checked="" type="checkbox"/>
2 Ailsickness			23 Family History of: Diabetes		<input checked="" type="checkbox"/>
3 Nausea or Vomiting			High Blood Pressure		<input checked="" type="checkbox"/>
4 Vomited Blood			Tuberculosis		<input checked="" type="checkbox"/>
5 Gastric or Peptic Ulcer			Heart Trouble		<input checked="" type="checkbox"/>
6 Frequent Diarrhea with or without Blood			27 Staples, Screws, Wires or Pins	<input checked="" type="checkbox"/>	
7 Stomach Pain			28 Hospitalized for any Medical Problems	<input checked="" type="checkbox"/>	

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F. GENERAL

- 1 Last Tetanus Shot (approximate) YES
- 2 Allergy or Allergic Reaction to any medication and or food (Penicillin, fish, etc) N/A
- 3 Taken any over the counter or prescription medications during the past three (3) months N/A
- 4 Ever had a complete medical examination? If so when, PHYSICIAN
- 5 Ever had any surgery (operation)? If so what type? (R) ANKLE '94 (L) LOWER LEG AMPUTATION SYNDROME '08
- 6 Please circle if you have had any of these childhood illnesses: MUMPS CHICKEN POX MEASLES
- 7 Ever had any illness, surgery or injury other than those you noted and listed in the MEDICAL or ORTHOPEDIC Questionnaires?
LAUERTED SPRAIN '06

ORTHOPEDIC HISTORY QUESTIONNAIRE

HAVE YOU EVER INJURED OR CONSULTED A DOCTOR ABOUT ANY INJURY TO THE:

Check each Item	Yes		No		Yes		No	
	L	R	L	R	L	R	L	R
100. HEAD								
a. Unconscious			✓					
b. Dazed				✓				
c. Knocked Out				✓				
d. Headaches	✓			✓				
e. Operations				✓				
f. Hospitalized	✓			✓				
g. Missed Practice	✓			✓				
h. Missed Games				✓				
i. X-rays, CT, MRI				✓				
j. Pains				✓				
k. Other				✓				
l. Fractures				✓				
101. NECK								
a. Stretches			✓	✓				
b. Pinches		✓		✓				
c. Fractures				✓				
d. Dislocations				✓				
e. Sprain/Strain				✓				
f. Burners		✓		✓				
g. Disk Injury				✓				
h. Injections				✓				
i. X-rays, CT, MRI				✓				
j. Operations				✓				
k. Pains				✓				
l. Missed Practice		✓		✓				
m. Missed Games				✓				
n. Other				✓				
102. UPPER BACK								
a. Sprain/Strain				✓				
b. Nerve pinches				✓				
c. Disk Injury				✓				
d. Fractures				✓				
e. Operations				✓				
f. Hospitalized				✓				
g. Pains				✓				
h. Injections				✓				
i. Fractured Ribs				✓				
j. Missed Practice				✓				
k. Missed Games				✓				
l. Other				✓				
103. LOWER BACK								
a. Sprain/Strain		✓		✓				
b. Nerve pinches		✓		✓				
c. Disk Injury		✓		✓				
d. Fractures		✓		✓				
e. Operations		✓		✓				
f. Hospitalized		✓		✓				
g. Pains		✓		✓				
h. Injections		✓		✓				
i. Referred pain		✓		✓				
j. Missed Practice		✓		✓				
k. Missed Games		✓		✓				
l. Bruise		✓		✓				
104. SHOULDER								
a. A-C Separations				✓				
b. Dislocation				✓				
c. Partial Dislocation	✓			✓				
d. Tendonitis				✓				
e. Bursitis				✓				
f. Injections				✓				
g. Sprain/Strain		✓		✓				
h. Operations				✓				
i. Pains				✓				
j. Missed Practice	✓			✓				
k. Missed Games				✓				
l. Bruise				✓				
105. ARMS								
a. Fractures				✓				
b. Calcium Deposit				✓				
c. Injections				✓				
d. Operations				✓				
e. Missed Practice				✓				
f. Missed Games				✓				
g. Pains				✓				
h. Casted				✓				
i. Bruise				✓				
j. Other				✓				
106. ELBOWS								
a. Sprain/Strain	✓			✓				
b. Pains				✓				
c. Fractures				✓				
d. Dislocation				✓				
e. Tendonitis				✓				
f. Injections				✓				
g. Casted				✓				
h. Operations				✓				
i. Missed Practice				✓				
j. Missed Games				✓				
k. Bursitis				✓				
l. Other				✓				
107. WRISTS								
a. Sprain/Strain	✓			✓				
b. Pains				✓				
c. Fractures				✓				
d. Dislocation				✓				
e. Tendonitis				✓				
f. Injections				✓				
g. Casted				✓				
h. Operations				✓				
i. Missed Practice	✓			✓				
j. Missed Games				✓				
k. Other				✓				

DL-00484

HEALTH HISTORY

Name: DANIEL LOPEZDate: 10/18/11

Check each item	YES		NO			YES		NO	
	L	R	L	R		L	R	L	R
108. HANDS / FINGERS					111. KNEES Continued				
a. Sprain/Stain					i. Missed Games				
b. Pains					m. Bruise				
c. Fractures					n. Bursitis				
d. Dislocations	✓				o. Swelling				
e. Injections					p. Locking				
f. Casted/Splints					q. Giving Away				
g. Operations					r. Arthrograms				
h. Missed Practice					s. Arthroscopes				
i. Missed Games					t. Wear Braces				
j. Bruise					u. Casted				
k. other					v. Arthritis				
109. PELVIS / HIPS					w. Chondromalacia				
a. Sprain/Stain					x. Grinding				
b. Pains					y. Other				
c. Fractures					112. LEGS				
d. Dislocations					a. Sprain/Strain				
e. Injections					b. Shin Splints				
f. Casted/Splints					c. Torn Muscles				
g. Operations					d. Fractures				
h. Groin Pulls					e. Injections				
i. Torn Muscles					f. Pain				
j. Missed Practice					g. Missed Practice	✓			
k. Missed Games					h. Missed Games				
l. Bruise					i. Bruise				
m. Other					j. Other	✓			
110. THIGHS					113. FEET / TOES				
a. Sprain/Stain					a. Sprains				
b. Quad Pull					b. Fractures				
c. Hamstring Pulls					c. Dislocations				
d. Torn Muscles					d. Operations				
e. Calcium Deposits					e. Injections				
f. Fractures					f. Casted/Splinted				
g. Operations					g. Pain				
h. Injections					h. Missed Practice				
i. Pains					i. Missed Games				
j. Missed Practice					j. Turf Toe				
k. Missed Games					k. Bruise				
l. Bruise					l. Other				
m. Other					113. ANKLES				
111. KNEES					a. Sprains				
a. Strained					b. Fractures				
b. Sprain Ligament					c. Dislocations				
c. Torn Ligaments					d. Operations				
d. Torn Cartilage					e. Injections				
e. Knead Cap Injury					f. Casted/Splinted				
f. Fractures					g. Pain				
g. Operations					h. Missed Practice				
h. Injections					i. Missed Games				
i. Pains					j. Bruise				
j. Dislocations					k. Stain				
k. Missed Practice					l. Other				

Yes No

115 HAVE YOU HAD OR DO YOU HAVE NOW ANY OTHER MEDICAL PROBLEMS OR INJURIES NOT LISTED ON THIS FORM?

116 HAVE YOU BEEN ON INJURED RESERVE FOR ANY INJURY SUSTAINED DURING YOUR FOOTBALL CAREER?

117 DO YOU HAVE ANY MEDICAL OR HEALTH PROBLEMS THAT YOU ARE CURRENTLY RECEIVING MEDICAL TREATMENT FOR?

118 IS THERE ANY REASON THAT YOU ARE NOT ABLE TO PLAY FOOTBALL AT THIS TIME?

I CERTIFY THAT I HAVE MADE FULL AND COMPLETE WRITTEN DISCLOSURE OF ALL PAST AND PRESENT INJURIES OR PROBLEMS AS REQUIRED BY PARAGRAPH 8 OF MY NFL PLAYERS CONTRACT, AND AS REQUIRED BY THIS AND OTHER MEDICAL FORMS OF THE CLUB.

Signature: [Signature]Date: 10/18/11Witness: [Signature]

Revised March 2004

DL-00485

EXHIBIT D

EXHIBIT D

DL-00486

LOPER, Daniel

August 22, 2005 – Practice

Daniel Loper's right shoulder is starting to bother him more and more. He has full range of motion of his shoulder but it's painful with abduction and painful with extreme external rotation and pain with overhead movement. He's very tender over his AC joint and he has a lot of symptoms in this area. It hurts when he brings it across. He has got pretty good strength in his supraspinatus and infraspinatus and the subscap is doing great and he's really not having signs of shoulder instability, it's just overhead.

It seems like he has really inflamed his AC joint and getting a little secondary impingement. We'll get him back on some anti-inflammatories. He doesn't remember hitting anything but I'm sure playing at this level he certainly takes some licks to it.

Recheck him in the morning and just see if his AC joint is calming down. I may get him using some ketoprofen on the shoulder and see if this will help take the soreness out. He'll avoid doing any overhead activities presently and work with his elbow at his side.

Burton F. Elrod, M.D.
T-30/August/05-mm

DL-00487

EXHIBIT E

EXHIBIT E

DL-00488



(815) 836-3788 TEL • (815) 836-3784 FAX
16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147J
REFERRING PHYSICIAN: DR. CHAN
EXAM: RT SHOULDER^ROUTINE
DATE: Aug 29,2017 14:28

Final Report

Submitted Clinical Information: Pain and limited range of motion.

Study Technique: Unenhanced MRI of the right shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Rotator Cuff: No significant rotator cuff muscle atrophy or fatty replacement. Rotator cuff tendinosis without definite tear. There is long biceps tendinosis without definite tear, subluxation, or tenosynovitis.

Labrum: Attenuation, blunting, and diffuse tearing of the posterior labrum, with paralabral ganglion cysts. This extends to the inferior labrum and to the posterosuperior labrum. There is milder anterior labral irregularity, blunting, and tearing identified. There is relative sparing of the superior labrum.

Bones and Soft Tissues: Mild subacromial/subdeltoid bursitis. Type I acromion. Moderate AC joint arthrosis. No coracoclavicular ligament tear. No glenohumeral joint effusion. Marginal osseous ridging off the posterior, superior, and inferior glenoid with cortical irregularities. Chondral thinning in the posterior humeral head and posterior glenoid articular surfaces. Posterior subluxation of the humeral head in relation to the glenoid.

Final Impression:

1. Posterior labral attenuation, fraying, and tearing with paralabral ganglion cystic changes, extending to the inferior and posterosuperior aspects of the labrum. There is similar anterior labral blunting, fraying, and tearing.
2. Chondral degeneration in the humeral head and glenoid with marginal osseous ridging. Posterior subluxation in the humeral head is most likely due to posterior labral dysfunction.
3. Moderate AC joint arthrosis.
4. Mild subacromial/subdeltoid bursitis.
5. Rotator cuff tendinosis without tear.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by _____

DL-00489

Eric Fitzcharles
Aug 29, 2017 21:44 EST.
Metis MD PRO
Connected Radiology

DL-00490

EXHIBIT F

EXHIBIT F

DL-00491

DBM 11/10/2021

Player Treatment History

106687

LOPER, DANIEL

9862

Right CLAVICLE A-C CONTUSION

Opened: 8/23/2005

Returned: 8/23/2005

Current Status

Player Cleared for full activity

Team Episode Closed

League Not Reported

OSHA Req: Yes

OSHA Status Returned to normal work

Activity Coll w/person in bounds

During Practice A.M.

During Game

During Day

Temperature

Climate

Surface

Surface Cond

HAS BEEN C/O OF R AC JOINT SORENESS FOR 2 OR 3 DAYS. STARTED FEELING IT SAT AFTER THE GAME ON FRIDAY. SORE ON THE AC JOINT AND DISTAL CLAVICLE. FULL ROM BUT DOES HAVE PAINFUL ARC, NORMAL RC STRENGTH. HAS HX OF SUB SCAP TEAR 2 WEEKS AGO

8/23/2005

KAPLAN

Injured During Practice

Not Reported

ELROD

Injured During Practice

Returned to normal work

Qty	Procedure
1	ICE PACK
1	HYDROCOLLATOR
1	ELECTRICAL STIM
1	EXERCISE

8/23/2005

MOSELEY

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

UBE, STRETCH

8/24/2005

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
2	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
3	ICE PACK
1	LASER

STILL VERY SORE ON AC JOINT, PAIN WITH MOVEMENTS ABOVE 90 DEGREES, PAIN WITH HZ ADDUCTION, MILD STRENGTH LOSS IN ABD AND FLEX.

UBE, DUMBBELL ROUTINE, BANDS INT & EXT ROTATION

8/25/2005

MOSELEY

Cleared for full activity

Not Reported

Full Pract/Shorts

Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

STILL POINT TENDER ON AC, BUT DECREASED, NORMAL ROM, INCREASED STRENGTH.

UBE, STRETCH

DL-00492

Player Treatment History

106687

LOPER, DANIEL

8/26/2005 BROWN

Cleared for full activity
Full Play in GameNot Reported
Returned to normal work

Qty	Procedure
1	ICE PACK

PLAYED FULL IN GAME, NO RES REPORTED POST GAME,

8/27/2005 MOSELEY

Treatment, rehab, & cond
Treat Only Day/OffNot Reported
Returned to normal work

Qty	Procedure
1	ICE PACK

FELT FINE IN GAME, DID NOT WEAR HARNESS AND DID
NOT HAVE ANY PROBLEMS IN GAME.

8/28/2005 BROWN

Cleared for full activity
Episode ClosedNot Reported
Returned to normal work

Qty	Procedure
1	ICE PACK

NO TREATMENT OTHER THEN ICE WILL END EPSIDOE AT
THIS TIME.

Date	Medication	Description	Trainer
8/23/2005	30	Naprosyn tablet 500 mg	EL
8/26/2005	1	Toradol oral anti inflam	EL

DL-00493

EXHIBIT G

EXHIBIT G

DL-00494

SAINT THOMAS SURGERY CENTER - MIDTOWN
2004 HAYES ST., SUITE 450
NASHVILLE, TN 37203

285811

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
DATE OF SURGERY: 07/17/18
PATIENT MRN#: 30776
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Burton Elrod, M.D.

PREOPERATIVE DIAGNOSES: Unstable shoulder, superior labrum anterior and posterior lesion and failed continued painful, unresponsive to conservative care with impingement and traumatic arthritis of acromioclavicular joint and cyst.

POSTOPERATIVE DIAGNOSES: Unstable shoulder, superior labrum anterior and posterior lesion and continued painful, unresponsive to conservative care with impingement and traumatic arthritis of acromioclavicular joint and cyst.

PROCEDURES PERFORMED: Arthroscopy of left shoulder with repair of circumferential labral lesion, debride rotator cuff, subacromial decompression, debride glenoid and debride anterior and posterior labrum.

ANESTHESIA: General.

DESCRIPTION OF PROCEDURE: The shoulder was carried through range of motion. It appeared to translate anteriorly and inferiorly and fairly stable posteriorly but considerably reduced as it appeared to be subluxed. It was prepped and draped in a sterile manner. The patient was turned in the lateral decubitus position. The arthroscope was placed in routine fashion. It had severe fraying in the inner labrum superiorly, posteriorly, inferiorly and anteriorly. A whisker and a bone cutter were brought in to remove the unstable fragments. There was a Bankart lesion anteriorly from right about 6:30 all the way up to the SLAP lesion and went around posteriorly and translated all the way up back to 6 o'clock. We brought a bone cutter and decorticated it posteriorly, decorticated superiorly, and SLAP decorticated anteriorly and frayed the labrum in all three segments. The rotator cuff showed little fraying in the biceps anchor, otherwise looked good. We did brought in eight Arthrex 1.9 knotless beta site testing

BE/SN/sndovmt082/FST-500082505
D: 07/17/18 04:50 P CST
T: 07/18/18 04:51 A CST

DL-00495

RE: LOPER, DANIEL
OPERATIVE REPORT
PAGE 2

285211

anchors and we placed them at 11 to 12 o'clock just to reduce the capsule was impinging.

We then placed three in the front and three in the back at 5:30 and 6:30 and divided the other ones at approximately 8:30 and 10 and posteriorly at 2:30 and 4. All of these were the Arthrex beta site knotless 1.9 anchors. They were passed through the blitz to restore the anterior and posterior bumpers to stop pass through and went to the subacromial _____ were carried out, fraying of the coracoacromial ligament. Electrocautery and VAPR were used to remove the soft tissue and the acromion was flattened in the anterolateral plane with 4 and 5.5 bur. The AC joint showed grade 4 changes of granulation tissue and multiple cysts were taken back about 10 mm. The ligament was released. The bursa was resected. It was copiously irrigated. The skin was closed with black nylon and UltraSling. The patient tolerated the procedure well and returned to the recovery room in good condition. We discussed with the family the postoperative care and to be followed in the office in one week.

Burton Elrod, M.D.

BE/SN/5ndovmt082/FST-500082505
D: 07/17/18 04:50 P CST
T: 07/18/18 04:51 A CST

DL-00496

EXHIBIT H

EXHIBIT H

DL-00497

E-Ballot 01/07/2021



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM - ORTHOPEDICS

LINE-OF-DUTY DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Daniel Loper DOB: [REDACTED] Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2005-2012 (8)

Claimed impairments: See application

- Did you receive records for this ☒ YES ☐ NO If so, how many pages? 203
- Did you evaluate the Player? ☒ YES ☐ NO If so, 12/17/2020
- Have you or your colleagues ever treated the Player previously? ☐ YES ☒ NO
- For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

SHOULDER

LEFT SHOULDER

Impairment	Occur.	Points	Cause	Comments
Symptomatic Shoulder Instability	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	

LEFT SHOULDER POINTS TOTAL: 3

Dr. David Apple

PRF - Daniel Loper
rev. 01/2021

DL-00498

DBM 1/10/2021 E-Ballot 01/07/2021

WRIST

LEFT WRIST

Impairment	Occur.	Points	Cause	Comments
S/P Carpal Tunnel Release	1	2	<input type="checkbox"/> Illness <input type="checkbox"/> Other- ____ <input type="checkbox"/> NFL football <input checked="" type="checkbox"/> Unknown	Surgery occurred after NFL career

LEFT WRIST POINTS TOTAL: 0

Impairments

LEFT SHOULDER POINTS TOTAL: 3

LEFT WRIST POINTS TOTAL: 0

Impairments Total 3

E-Ballot 01/07/2021

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ** or **part of the central nervous system**? ☐ YES ☒ NO

If you checked YES:

Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment.

Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES ☐ NO

6. Do you have any additional remarks?

Player had a compartment release of the left calf but there are no points awarded for this procedure.

Please provide the required narrative report with this form.

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

David Apple

Signature

01/05/2021

Date

Comments

PRF - Daniel Loper
rev. 01/2021

Dr. David Apple

DL-00500

E-Ballot 01/07/2021

Loper, Daniel

MRN: 907850946


NFL VISIT 12/17/2020 Provider: David Apple, MD (Orthopaedic Surgery)
Shepherd Center Multispecialty Reason for Visit: Referred by Theresa Elango, NP
Clinic

Progress Notes

David Apple, MD (Physician) • Orthopaedic Surgery

An error occurred that prevents some or all of the content in this document from being displayed or displayed as intended. Please contact your system administrator to determine if there is a different way to access this content.

Shepherd Center
2020 Peachtree Road
NW Atlanta GA 30309
Phone: 4043522020

History and Physical			
Pt Name:	Daniel Loper	MRN:	907850946
DOB:		Age/Sex:	38 y.o.
Adm DTime:	January 2, 2021 2:29 PM-10	Atn Dr:	David F Apple, MD
Nurs Sta:	Multispecialty Clinic		

History and Physical

HISTORY: Daniel Loper is a 38 y.o. former NFL player who is being seen for his disability evaluation. While in high school he had no orthopedic injuries requiring surgery. While at Texas Tech he had no orthopedic injuries requiring surgery. In 2005 he was signed by the Tennessee Titans as an offensive lineman. In 2009 he played for Detroit, Oakland 2010, Dallas 2011 and retired in 2012.

CHIEF COMPLAINTS: Problems with cervical spine, both shoulders, left elbow, both wrists, and the left hand.

HISTORY OF PRESENT ILLNESS:

Regarding the cervical spine he injured it in a game and it hurts constantly. Both hands have tingling in the ring and fifth fingers. If he turns to the left it is like lightening down into the hand. Regarding the right shoulder he had a subscapular tear in February 2008 which was treated symptomatically. Now he cannot lift above his head.

Regarding the left shoulder he had a labral tear in 2011 and a left clavicle injury the same year. Now he has a acromioclavicular joint arthrosis. Left shoulder is worse than the right.

Regarding the left elbow he had a hyperextension injury in 2010. It was injected for play the rest of the half season.

Regarding the right wrist in July 2008 he had a carpal tunnel release.

Regarding the left wrist in 2008 he had a carpal tunnel release. He was diagnosed with DRUJ.

Regarding the left hand he had injuries to the fourth and fifth fingers and now they will not straighten. And now they hurt and cannot use as much since he is left-handed.

E-Ballot 01/07/2021

Regarding the lumbar spine on August 13 of 2011 he had an injury which was treated symptomatically. Now he has numbness mostly on the right to the hamstring. He says he has radiculopathy.

Regarding the left leg in the summer 2008 he had a compartment release. Now the scar is tender.

Regarding the right ankle he had old breaks and sprains which were treated symptomatically now the ankle hurts all the time.

ALLERGIES: None

MEDICATIONS: He takes Adderall, blood pressure medicines and vitamins. He told the nurse he took Ritalin and sertraline in addition to blood pressure medicine and vitamin D.

CURRENT WORK STATUS: He owns a residential construction company where he does the scheduling.

ACTIVITIES: He tried playing NFL celebrity golf. He takes his 3 children to activities.

PAST MEDICAL HISTORY: See nursing note.

REVIEW OF SYSTEMS: Please see the assessment sheet contained in the outpatient record.

RECORD REVIEW: The NFL provided me with the patient's medical records electronically. There were 193 pages which I reviewed. These records documented the injuries discussed except for carpal tunnel release on the right and the one on the left done after the player's NFL career

PHYSICAL EXAMINATION:

Daniel Loper is a 38-year-old who looks his stated age and in reasonably good condition. He undresses and dresses without obvious difficulty. He moves to the examining table with ease. He moves around on the examining table without protection of any anatomic area. He is left-handed. He is a poor historian.

VITAL SIGNS: Blood pressure 177/99, temperature 98.1, pulse 86, respirations 18, weight 333.2, playing weight 333.

A complete orthopedic examination was performed and the pertinent findings are outlined below.

Examination of the cervical spine revealed no obvious external abnormalities and no tenderness. Range of motion was without restriction. Deep tendon reflexes were not discernible. Muscle grades were all 5. The only sensory abnormality was sharper pinprick on the ulnar side of the left ring finger. X-rays of cervical spine AP and lateral showed loss of the normal lordosis. Facets were well aligned. There was slight narrowing of the disc space at C6-7. There was small calcification at the inferior tip of C4. There was no cervical rib. Examination of both shoulders revealed no external abnormalities. On the left there was a slight posterior subluxation. There was slight reduction of abduction on the left more than the right which is also slightly reduced. There was slight reduction in forward flexion bilaterally. Range of motion was all within the functional range. X-rays of both shoulders with the AP taken with and without weights showed a normal exam with no change in either the acromioclavicular joint or the glenohumeral joint with the addition of weight.

Examination of both elbows revealed no external abnormalities with functional range of motion and x-ray was obtained of the left elbow and was within normal limits.

Examination of both wrists revealed no external abnormalities. Range of motion was functional. There was no snuffbox tenderness. X-rays of the left wrist AP and lateral were within normal limits.

E-Ballot 01/07/2021

Examination of both hands revealed scar in the left palm was nontender. Range of motion was all normal. X-rays of the left hand AP and lateral showed a slight PIP joint irregularity in the ring and fifth.

Examination of the lumbar spine revealed the pelvis to be level. There was no tenderness to palpation and no symptomatology with extension. Forward flexion was possible to within 10 inches of the floor. Deep tendon reflexes were not discernible. Motor grades were all 5.

Sensory examination revealed the right ankle to be more sensitive but not fitting any dermatome distribution. X-rays of the lumbar spine AP and lateral showed a slight loss of the lumbar lordosis. Facet alignment was anatomic. There was spurring the anterior body of L1 with spurring superiorly and inferiorly of the bodies of both above and below.

Examination of both hips revealed no external abnormalities with functional range of motion.

Examination of both knees revealed no external abnormalities. Range of motion was functional. McMurray's, Lachman's, and testing collateral ligaments was normal. There was no patellofemoral crepitus and no joint effusion. X-rays of the left knee with the AP taken weightbearing was within normal limits. (Measurement of the thigh equal distance above the superior pole of the patella was 54 cm bilaterally.

Examination of the left calf revealed a well-healed incision laterally from just below the knee to 8 inches above the ankle.

Examination of both ankles revealed no external abnormalities. Range of motion was functional. There was no tenderness over the insertion of the Achilles tendon on the os calcis or the plantar fascia at its attachment. X-rays of the right ankle with the AP taken weightbearing was within normal limits except for small calcium deposit at the tip of the fibula. Examination of both feet revealed no abnormalities with functional range of motion of the toes. Gait examination revealed no antalgia. There was normal heel and toe walking. Hopping created discomfort in the left foot and ankle on the left. There was no difficulty with duck walking.

At the end of the examination I asked the player if there was anything I had missed or that he wanted me to reexamine and the answer was "no"

DIAGNOSIS:

1. Cervical spine chronic sprain
2. Left shoulder mild posterior subluxation
3. Right shoulder no diagnosis
4. Left elbow history hyperextension injury
5. Left wrist no diagnosis
6. Right wrist no diagnosis
7. Left hand carpal tunnel release (performed after NFL career); fourth and fifth fingers probable to trigger fingers
- 8.. Lumbar spine chronic sprain; probable early disc disease L1
9. Left knee no diagnosis
10. Left calf fasciotomy
12. Right ankle probable old sprain
13. Left calf surgical release compartment syndrome

SUMMARY: Regarding impairment player has mild impairment in the lumbar spine. Problems discussed are directly or indirectly related to playing football. Regarding prognosis at the present time all these can be managed symptomatically as he is doing. It is probable that all of these issues will undergo the normal aging process except for possibly the left shoulder and the lumbar spine which may become more symptomatic requiring more aggressive management.

Name: Daniel Loper

MRN: 907850946

Electronically signed by David F Apple, MD on January 2, 2021 2:29 PM

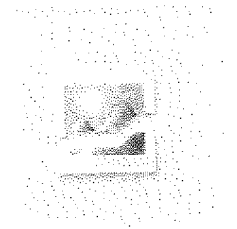
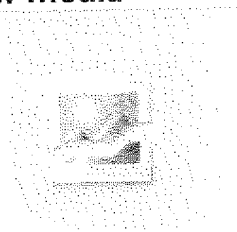
E-Ballot 01/07/2021

End of Report

Additional Documentation

Flowsheets: Lace Score
Encounter Info: Billing Info, History, Allergies, Detailed Report

New Media



Orders Placed

None

Medication Changes

As of 12/18/2020 12:14 AM

None

Visit Diagnoses

None

EXHIBIT I

EXHIBIT I

DL-00505

TENNESSEE TITANS HEALTH HISTORY

NAME Dana Lopez SS# [REDACTED] DATE 6/20/07

1. This form is for your benefit; you must describe all injuries or problems whether you consider it to have been serious or minor.
2. Every number checked "yes" should be fully explained on the back of this form, dates, procedures, hospitalizations, and doctor's names are very important.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
1. Scarlet Fever, Erysipelas?			24. Rupture or Hernia?		
2. Diphtheria?			25. Appendicitis?		
3. Rheumatic Fever?			26. Piles or Rectal Disease?		
4. Heart Murmur?			27. Frequent or Painful Urination?		
5. Heart Trouble?			28. Kidney Stone, Bloody Urine?		
6. High or Low Blood Pressure?			29. Skin Trouble?		
7. Mumps?			30. Venereal Disease?		
8. Whooping Cough?			31. Bone, Joint, or Other Deformity?		
9. Measles?			32. Any Reaction to Serum, Drug, or Medicine		
10. Frequent or Severe Headaches/Migraine?			33. Epilepsy or Fits?		
11. Dizziness or Fainting Spells?			34. Car, Train, Sea, Air Sickness?		
12. Eye, Ear, Nose or Throat Trouble?			35. Depression or Excessive Worry?		
13. Severe Tooth or Gum Trouble?			36. Loss of Memory or Amnesia?		
14. Sinusitis?			37. Any Drug or Narcotic Habit?		
15. Hay Fever?			38. Infectious Mononucleosis or Glandular Fever?		
16. Tuberculosis?			39. Gout?		
17. Asthma?			40. Diabetes?		
18. Chronic Cough?			41. Tonsillitis?		
19. Frequent Indigestion or Frequent Diarrhea?			42. Pneumonia?		
20. Stomach, liver, Intestinal Trouble (Ulcer)?			43. Frequent Sore Throats?		
21. Gall Bladder Trouble, Gallstone?			44. Frequent Respiratory Infections?		
22. Excessive Drinking Habit?			45. Malaria?		
23. Tumor, Growth, Cyst, Cancer?			46. Hepatitis?		

HAVE YOU EVER SUSTAINED INJURY TO THE FOLLOWING:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
47. Head (Concussion)	✓		57. Right Wrist?	✓		67. Left Thigh (Groin)?		✓
48. Neck?	✓		58. Left Wrist?	✓		68. Right Knee?		✓
49. Right Shoulder?	✓		59. Right Hand (Fingers)?	✓		69. Left Knee?		✓
50. Left Shoulder?	✓		60. Left Hand (Fingers)?	✓		70. Right Ankle?	✓	
51. Right Upper Arm?		✓	61. Back: b. Thoracic (Middle)?		✓	71. Left Ankle?		✓
52. Left Upper Arm?		✓	62. Back: b. Lumbar (Low)?		✓	72. Left Foot? (Toes)?		✓
53. Right Elbow?		✓	63. Right Hip?		✓	73. Right Lower Leg?		✓
54. Left Elbow?		✓	64. Left Hip?		✓	74. Left Lower Leg?		✓
55. Right Forearm?		✓	65. Abdominal Area?	✓		75. Right Foot? (Toes)?		✓
56. Left Forearm?		✓	66. Right Thigh (Groin)?		✓			

HAVE YOU EVER:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
76. Worn Glasses or Contact Lens?		✓	82. Been Rejected for Military Service Because of Physical, Mental, or Other Reasons?		✓
77. Worn an Artificial Eye?		✓	83. Been Discharged from Military Service Because of Physical, Mental, or Other Reasons?		✓
78. Worn Hearing Aids?		✓	84. Applied for or Collected Workman's Compensation?		✓
79. Coughed Up Blood?		✓	85. Entered Litigation or Claim Damage Because of Injury to or Effect on your Health?		✓
80. Bleed Excessively After Tooth Extraction?		✓	86. Been Advised to have Any Operations?		✓
81. Been Denied Life Insurance?		✓	87. Had any Illness or Injury other than those Noted in This Report.		✓

I certify that I have made full and complete written disclosure of all past and present injuries or problems as required by paragraph 8 of any NFL Player's contracts, and as required by this and other medical forms of the club.

Date 6/20/07 Signature [Signature]

EXHIBIT J

EXHIBIT J

DL-00507

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 26-Feb-2009 14:55 Page 1

Episode # 12334

Date	Days Elapsed	Activity	Description
Thu 27-Nov-2008	0	Injury/Illness	L SHOULDER CONTUSION EPISODE: 12334 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
		Treatments	1 ICE PACK 1 DR. ELROD
		Team Status	INJURED DURING GAME
		Activity	INJURED DURING GAME
		Trainer's Notes	GAME, 2ND Q, KO RETURN, 1 MIN. . BLOCKING AND HAD ARM OUT AND GOT HIT ON THE TOP OF HIS SHOULDER. HE WAS EVALUATED AT HALF TME DR. ELROD. HIS SUPRASPANATUS WAS WEAK, HE FLE THE COULD PLAY AND RETUNDER TO PLAY THE REST OF THE GAME POST GAME, STILL SORE SUPRISPANATUS.
		Doctor's Notes	GAME WITH DETROIT LIONS: DURING THE GAME, DANIEL LOPER WAS HIT ON A KICKOFF ON HIS SHOULDER. HE CAME OUT. I CHECKED HIM. HE WAS SORE OVER HIS AC JOINT, ANTERIOR CAPSULE AND ACROMION AND HE COULDN'T GET HIS MOVEMENT. HE HAD SOME WEAKNESS AND PAIN WITH INFRASPINATUS AND SUPRASPINATUS CONTRACTION. HIS STABILITY APPEARED TODAY. HE SAID HE COULD PLAY FINE. WE CHECKED HIM AFTER THE GAME. HE HAD A FULL RANGE OF MOTION. APPREHENSION AND RELOCATION WERE OKAY. HE WAS TENDER OVER HIS GREATER TUBEROSITY, OVER HIS ACROMION AND HIS DELTOID. I COULD NOT GET ANY INSTABILITY, NO WINGING OF THE SCAPULA AND THE SUPRASPINATUS WAS WEAK COMPARED TO HIS INFRASPINATUS AND SUBSCAP. SO WE HAD HIM COME IN THIS MORNING TO CHECK HIM. HE HAS A FULL RANGE OF MOTION. HE HAS NO TENDERNESS OVER HIS ANTERIOR OR POSTERIOR GLENOID. HIS APPREHENSION AND RELOCATION ARE OKAY. HE'S TENDER OVER HIS AC JOINT AND A LITTLE TENDER OVER HIS DELTOID AND OVER HIS ACROMION. HIS ANTERIOR, POSTERIOR AND MIDDLE DELTOIDS ARE OKAY. THERE IS NO WINGING OF HIS SCAPULA. THE SUPRASPINATUS IS GOOD THIS MORNING. INFRASPINATUS AND SUBSCAP ARE OKAY. HE FEELS GOOD ENOUGH, I THINK WE'RE JUST GOING TO TREAT HIM SYMPTOMATICALLY AND NOT DO ANY X-RAYS ON HIM. I THINK THIS IS GOING TO RECOVER. HE FEELS MUCH BETTER.
BURTON F. ELROD, M.D.			
Fri 28-Nov-2008	1	Trainer's Notes	MUCH BETTER TODAY NOT NEAR AS SORE, DR. ELROD LOOKED AT HIM IN THE TRAINING ROOM, HE WAS CONTRACTING MUCH BETTER IN THE SUPRISPANATUS, TENDERNESS HAD DEC. HIS MOTION WAS GOOD.
Sat 29-Nov-2008	2	Team Status	TREATMENT ONLY DAY/OFF
		Activity	NO TREATMENT
		Trainer's Notes	DNRT
Sun 30-Nov-2008	3	Activity	NO TREATMENT
Tue 02-Dec-2008	5	Team Status	FULL PRACTICE/SHORTS
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	BB- DNRT, CAME THROUGH AND SAID THAT THE SHOULDER WAS STILL A LITTLE SORE BUT OK, EXAM HE CONTINEUS TO HAVE MILD PT ON THE AC JOINT AND TODAY HAS MILD STRENGTH LOSS IN FF, BUT NOT ANY OTHER MOTION. HE DID NOT COME IN FOR ANY TREATMENT, WENT TO THE WT ROOM, AND LIFTED.
Wed 03-Dec-2008	6	Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	GK FULL GO
Mon 08-Dec-2008	11	Activity	CLEARED FOR FULL ACTIVITY

DL-00508

Tennessee Titans

EPIISODE HISTORY FOR LOPER, Daniel

Thu 26-Feb-2009 14:55 Page 2

Episode # 12334

Date	Days Elapsed	Activity	Description
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DL-00509

EXHIBIT K

EXHIBIT K

DL-00510



(615) 636-3788 TEL • (615) 636-3784 FAX
16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147J
REFERRING PHYSICIAN: DR. CHAN
EXAM: LT. SHOULDER^ROUTINE
DATE: Aug 29, 2017 14:55

Final Report

Submitted Clinical Information: Pain and limited range of motion with clavicle pain.

Study Technique: Unenhanced MRI of the left shoulder was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Rotator Cuff: No evidence of rotator cuff muscle atrophy or fatty replacement. Rotator cuff and long biceps tendinosis without definite tear. No long biceps tendon tear, subluxation, or tenosynovitis.

Labrum: Undermining and partial detachment of the posterosuperior labrum with small paralabral ganglion cyst. The remainder of the posterior labrum appears normal. Attenuation, blunting, and fraying of the anterior and inferior aspects of the labrum. Degeneration of the superior labrum with possible mild undermining.

Bones and Soft Tissues: Degenerative signal changes in the humeral head. No subacromial/subdeltoid bursitis. Type II acromion process. Severe AC joint arthrosis. No glenohumeral joint effusion. No chondral defect. Flattening of the posterior glenoid articular surface.

Final Impression:

1. Degeneration of the superior labrum with possible mild undermining. Undermining and partial detachment of the posterosuperior labrum with paralabral ganglion cysts. Attenuation, blunting, and fraying of the anterior labrum.
2. Rotator cuff and long biceps tendinosis without definite tear.
3. Severe AC joint arthrosis.
4. Posterior subluxation of the humeral head with flattening of the posterior glenoid.
5. Degenerative signal changes in the humeral head.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00511

Eric Fitzcharles
Aug 29, 2017 21:43 EST.
Metis MD PRO
Connected Radiology

DL-00512

EXHIBIT L

EXHIBIT L

DL-00513

DBM 11/10/2021

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Clavicle, musculo-skeletal

Onset: 8/20/2011 Return: 9/03/2011

Daniel took a blow to his L. Clavicle near the A/C joint. He was able to finish his plays. He was evaluated by Dr. King and had xrays in the lockroom which were negative.
BST

Seen	Details	Seen by	Location	Participation Status
08/20/11 07:45 pm		TOUCHET, SCOTT	TRAINING ROOM-TRAVEL	FULL PARTICIPATION
08/24/11 01:35 pm	BIOWAVE HOT PACK: 10 MIN ULTRASOUND: 5 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION

EXHIBIT M

EXHIBIT M

DL-00515

SAINT THOMAS SURGERY CENTER - MIDTOWN
2004 HAYES ST., SUITE 450
NASHVILLE, TN 37203

✓ 285811
1/17

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
DATE OF SURGERY: 01/09/20
PATIENT MRN#: 30776
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Thomas Dovan, M.D.

PREOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome

POSTOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

PROCEDURE PERFORMED: Left carpal tunnel release.

ANESTHESIA: Local with sedation.

COMPLICATIONS: None

SPECIMENS: None.

DRAINS: None

PREOPERATIVE ANTIBIOTICS: Given prior to start of the procedure.

TOURNIQUET TIME: 7 minutes, forearm tourniquet, 200 mmHg.

INJECTIONS: 1% lidocaine with 1:100,000 epinephrine, 10 mL.

INTRAOPERATIVE FINDINGS: Nerve mildly hyperemic. No masses in the carpal tunnel.

INDICATIONS FOR PROCEDURE: The patient is a very pleasant gentleman with left carpal tunnel syndrome. We are taking him for left carpal tunnel release. The risks, benefits, and alternatives have been discussed. Informed consent has been obtained. Operative site was marked with indelible marker.

10/5N/Unhydam/5/PA-A14432
D: 01/09/20 10:56 A CST
T: 01/10/20 04:44 A CST

DL-00516

RE: LOPER, DANIEL
OPERATIVE REPORT
PAGE 2

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and laid supine on the hospital bed. All bony prominences were well padded. After adequate sedation, the left upper extremity was prepped and draped in the standard surgical fashion. The incision was then injected with the above medication. I then exsanguinated the arm with an Esmarch dressing and inflated the tourniquet. A longitudinal incision was made in the palm staying ulnar to the palmaris longus. I incised sharply through the skin and dermis. I bluntly dissected and identified the palmar fascia and transected it longitudinally. The distal fat pad was identified. The superficial arch was protected. The transverse carpal ligament was then released longitudinally. The distal antebrachial fascia was directly visualized and then released longitudinally staying away from the median nerve as well as the ulnar artery. The contents of the carpal tunnel were inspected. There were no masses in the carpal tunnel. At that point, the tourniquet was deflated. Hemostasis was obtained. The incision was copiously irrigated, and the incision was closed with interrupted sutures. Sterile soft dressing was applied. He tolerated the procedure very well. There were no complications. He was admitted to the recovery room postoperatively.



Thomas Dovan, M.D.

Date

1025N/senpadmcs/PA 41 841 52
D 01/09/20 10 55 A CST
T 01/10/20 03 43 A CST

DL-00517

EXHIBIT N

EXHIBIT N

DL-00518

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: 249378
Provider Name: Michael A. Milek, M.D.

DOS: 04/27/2006

JOB: 93020

HISTORY: Mr. Loper is a 24-year-old man who plays with the Titans. He was some doing some sort of exercise game about three weeks ago and was pushed from behind. He lost his balance and fell on an outstretched wrist. He had some pain in it and thought it was just a wrist sprain. He kept playing, but now he has been working a bit. He is lifting a fair amount more and he is having trouble on the ulnar side of the wrist.

He had an MRI done at Baptist. There is an abnormal signal at the TFCC as it inserts into the ulnar styloid. He also had a bone island present in the scaphoid.

MEDICAL HISTORY: Asthma.

SURGICAL HISTORY: Ankle repair in 1994. Otherwise, he is a healthy young man.

MEDICATIONS: None

PHYSICAL EXAMINATION: The patient is a 24-year-old man who is well developed, about 6'3" or 6'4" and probably over 300 pounds. HEENT are grossly normal. Shoulder and elbow exams are normal. The skin is without significant lesions. Pulses are palpable. There is no lymphadenopathy. His gait is normal.

Exam of the wrist shows the radioscaphoid to be nontender. The scapholunate is not tender. He is tender at the dorsal TFCC particularly the medial TFCC and some on the volar side. His DRUJ is unstable in a neutral position compared to the opposite side. In pronation, it is a bit different than the other side, but not manifestly unstable.

X-RAYS: Radiographs with plain films, AP and lateral, show the bone island in the scaphoid with no other abnormalities.

Review of the MRI shows an altered signal at the TFCC.

CLINICAL IMPRESSION: TFCC. This is peripherally located. It is slightly unstable, so this may be a destabilizing tear, but that is not immediately clear. He has not received any significant treatment.

TREATMENT: Acceptable treatment would be immobilization and a sugar tong splint for another 3-4 weeks and then see his response. If that is not satisfactory, then a TFCC repair. If time is a significant issue, then wrist arthroscopy and repair of the TFCC would be the procedure of choice and then splint and immobilization for 4-6 weeks and then

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: [REDACTED]
Provider Name: Michael A. Milek, M.D.

DOS: 04/27/2006

JOB: 93020

gradual mobilization of the wrist. This was reviewed with the patient and I talked with Brad Brown about it. The patient will consider the alternatives and talk to Brown and then make a decision about the choice of treatment.

WORK: He can continue his usual work activities until the decision is made on the way to proceed.

Michael A. Milek, M.D.

MAM/gsh
Copy to: Brad Brown - TN Titans

EXHIBIT O

EXHIBIT O

DL-00521

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: 249378
Provider Name: Michael A. Milek, M.D.

DOS: 11/16/2006

JOB: 207443

He is 24, he is a Titan. He is being followed in this office for TFCC tear on the left side which we evaluated last in May.

He has been taping the hand, he has been playing, basically has become asymptomatic with weight lifting and playing. He had a spleen injury two weeks ago and had that repaired so he is out for the year.

On exam today the TFCC junctional area is not tender. The DRUJ is unstable but it is not tender. Stressing it in supination and pronation with resistance as best I can do with this offensive lineman, I couldn't produce any pain. He is not tender to palpation.

Based on this exam I recommended that the TFCC not be repaired as apparently he is asymptomatic from it.

He is in agreement with this. I talked to Brad about this.

We will have him return on a PRN basis.

Michael A. Milek, M.D./kdl

CC: Titans
Brad Brown

DL-00522

EXHIBIT P

EXHIBIT P

DL-00523

TENNESSEE ORTHOPAEDIC ALLIANCE

OFFICE NOTE

Patient Name: LOPER, DANIEL R
DOB: [REDACTED]
Acct Number: 249378
Provider Name: Michael A. Milek, M.D.

DOS: 05/18/2006

JOB: 104823

Mr. Loper had the TFCC tear on the left side. He has been in the splint for three weeks. We took him out today. He is still tender and unstable.

It is not clear to me that this is going to heal. After discussion, the decision was made that we will continue the sugar tong for three more weeks. Brad has fabricated a form splint for him which we will put him in at three weeks and see then if he can play. Basically, my information to him was that I do not think it is going to heal, but it is not dangerous to play if he is able to do it and it does not hurt him too badly. If he messes this up, then he cannot play and we will have to fix it. Right now, we will continue this three more weeks and see him back in three weeks just to check it. He can start lifting and working in his orthosis that Brad has fabricated for him on and off and see what it takes to make him comfortable.

Michael A. Milek, M.D.

MAM/gsh

Copy to: Brad Brown, The Titans

EXHIBIT Q

EXHIBIT Q

DL-00525

SAINT THOMAS SURGERY CENTER - MIDTOWN
2004 HAYES ST., SUITE 450
NASHVILLE, TN 37203

285811 ✓
9/8 @
8:30 AM

OPERATIVE REPORT

PATIENT NAME: LOPER, DANIEL
DATE OF SURGERY: 08/28/20
PATIENT MRN#: 30776
DATE OF BIRTH: [REDACTED]
PHYSICIAN: Thomas Dovan, M.D.

PREOPERATIVE DIAGNOSIS: Right carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS: Right carpal tunnel syndrome.

PROCEDURE PERFORMED: Right carpal tunnel release.

ASSISTANT: Thomas Ziegler, FA.

ANESTHESIA: Local with sedation.

COMPLICATIONS: None.

SPECIMENS: None.

DRAINS: None.

TOURNIQUET TIME: 5 minutes, forearm tourniquet at 200 mmHg.

INJECTIONS: 1% lidocaine with 1:100,000 epinephrine given prior to incision.

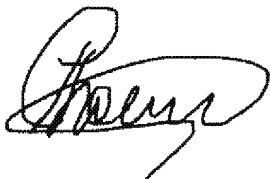
INTRAOPERATIVE FINDINGS: Nerve mildly hyperemic. No masses in the carpal tunnel.

INDICATIONS FOR PROCEDURE: The patient is a very pleasant gentleman with right carpal tunnel syndrome. He has done great with left carpal tunnel release. Symptoms have been numbness, tingling and pain, getting numbness in the morning a lot. It really affecting his activities.

RE: LOPER, DANIEL
OPERATIVE REPORT
PAGE 2

He states he would like to proceed with carpal tunnel release as he done on the left. We scheduled this from today since he has a deadline of getting this done by next Monday. The risks, benefits, and alternatives have been discussed. Informed consent has been obtained. Operative site was marked with indelible marker. Exam does show APB strength of approximately 5/5 with no obvious atrophy.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and laid supine on the hospital bed. All bony prominences were well padded. After adequate sedation, the right upper extremity was prepped and draped in the standard surgical fashion. The incision was then injected with the above medication. I then exsanguinated the arm with an Esmarch dressing and inflated the tourniquet. A longitudinal incision was made in the palm staying ulnar to the palmaris longus. I incised sharply through the skin and dermis. I bluntly dissected and identified the palmar fascia and transected it longitudinally. The distal fat pad was identified. The superficial arch was protected. The transverse carpal ligament was then released longitudinally. The distal antebrachial fascia was directly visualized and then released longitudinally staying away from the median nerve as well as the ulnar artery. The contents of the carpal tunnel were inspected. There were no masses in the carpal tunnel. At that point, the tourniquet was deflated. Hemostasis was obtained. The incision was copiously irrigated, and the incision was closed with interrupted sutures. Sterile soft dressing was applied. He tolerated the procedure very well. There were no complications. He was admitted to the recovery room postoperatively.



Electronically signed on 9/1/2020 1:22:04 PM

Thomas Dovon, M.D.

Date

TD/SN/snhyddmt55/IPA-4395981
D: 08/28/20 02:02 P CST
T: 08/28/20 10:19 P CST

DL-00527

EXHIBIT R

EXHIBIT R

DL-00528

DBM 1/10/2021

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

C20

CLAIMS ADMINISTRATOR	JURISDICTION CLAIM # (STATE FILE#)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	CLAIMS ADM CLAIM # (INSURER CLAIM #)						
	OSHA LOG CASE #						
	NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN				
EMPLOYER	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM				
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #				
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299				CITY Irving	STATE TX	ZIP 75014-1299
	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 76-0507392		SIC CODE	PHONE NUMBER 615-565-4000	
POLICY	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player		
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 12225	EMPLOYER LOCATION #	
	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
			SELF INSURED		EXP DATE		
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION		
	ADDRESS LINE 1 AND 2						
	CITY		STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		
WAGE	SSN		DATE OF BIRTH		DATE OF HIRE 04/29/2005		NCCI CLASS CODE
	WAGE \$515.00		PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY		NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION
							FULL WAGES PAID FOR DATE OF INJURY
ACCIDENT/INJURY	DATE OF INJURY 10/5/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED 11:15 AM		TIME EMPLOYEE BEGAN WORK ON INJURY DATE		
	DATE EMPLOYER NOTIFIED OF INJURY 10/5/2008		BODY PART AFFECTED CODE R Thumb		NATURE OF INJURY CODE M-C-P Spr 1 Deg		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED		Body contact				
	DATE DISABILITY BEGAN						
	RETURN TO WORK (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		TOTAL # DEPENDENTS				
TREATMENT	ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn				COUNTY OF INJURY USA		
	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME				
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
	CITY		STATE	ZIP	CITY	STATE TN	ZIP
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI/HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED
	DATE PREPARED 10/09/2008		PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000

LB-0021 (REV 12-01)

DL-00529

EXHIBIT S

EXHIBIT S

DL-00530

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 06-Mar-2008 15:39 Page 1

Episode # 11669

Date	Activity	Description
Sun 06-Jan-2008	Injury/Illness	R ELBOW EPISODE: 11669
Mon 07-Jan-2008	Treatments	1 DR. BYRD 1 BRACE
	Trainer's Notes	DAN CAME IN TODAY FOR CK OUT PHYSICAL AND INDICATE THAT HE GOT HIS ELBOW HIT IN THE GAME, HE WAS SORE OVER THE UCL MILD DISCOMFORT WITH STRESS. DR. BYRD EXAMINED FEELS IT WILL BE OK, WILL CK BACK IF IT DOES NOT SETTLE DOWN.

DL-00531

EXHIBIT T

EXHIBIT T

DL-00532

Tennessee Titans

EPISODE HISTORY FOR LOPER, Daniel

Thu 26-Feb-2009 14:55 Page 1

Episode # 12225

Date	Days Elapsed	Activity	Description
Sun 05-Oct-2008	0	Injury/Illness	R THUMB M-C-P SPR 1 DEG EPISODE: 12225 WC Required: Y WC Done: Y OSHA Required: Y OSHA Done: N
Tue 07-Oct-2008	2	Treatments	1 ICE PACK
		Team Status	FULL PRACTICE/SHORTS
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	REPORTED TODAY THAT HE GOT HIS THUMB COUGHT IN A HELMET DURING THE GAME, AND THE THUMB WAS FORCED INTO HYPEREXTENSION, HE HAS EDEMA IN THE MCP JOINT, WITH PT ON THE UCL AND RCL LIG, PAIN WITH STRESS BOTH ON THE UCL AND RCL LIGS. HE AHS FULL ROM BUT HAS PAIN ON EXT AND FL OF THE JOINT,
Wed 08-Oct-2008	3	Team Status	EPISODE CLOSED
		Activity	CLEARED FOR FULL ACTIVITY
		Trainer's Notes	DNRT, WILL CLOSE AND OPEN IF HE TREATS.

DL-00533

EXHIBIT U

EXHIBIT U

DL-00534



(815) 836-3788 TEL • (815) 836-3784 FAX
16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147]
REFERRING PHYSICIAN: DR. CHAN
EXAM: LUMBAR SPINE^routine
DATE: Aug 29,2017 15:15

Final Report

Please see the below findings section for a more detailed level by level description.

Submitted Clinical Information: Low back pain with bilateral leg numbness and tingling.

Study Technique: Unenhanced MRI lumbar spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Findings: Normal lumbar lordosis. Dislocation of the L1-3 and L4-S1 discs. The conus exhibits normal position, contour, and signal intensity. Bone marrow signal intensity appears diffusely normal. Superficial subcutaneous soft tissue edema overlies the lumbar spine posteriorly.

T12-L1: 1 mm disc bulge.

L1-2: 1 mm disc bulge. Bilateral facet arthrosis.

L2-3: Bilateral facet arthrosis.

L3-4: Bilateral facet arthrosis.

L4-5: 3 mm disc bulge with bilateral facet arthrosis and mild left lateral recess stenosis. No foraminal stenosis.

L5-S1: 3 mm subligamentous disc herniation with bilateral facet arthrosis. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 nerve root.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

Final Impression:

1. L4-5: 3 mm disc bulge and mild left lateral recess stenosis.
2. L5-S1: 3 mm disc herniation. Mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the left L5 root.
3. Spondylosis.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00535

Eric Fitzcharles
Aug 30, 2017 11:46 EST.
Metis MD PRO
Connected Radiology

DL-00536

EXHIBIT V

EXHIBIT V

DL-00537

AUG 09 2018 02:38PM EliteSports 6153420216

page 2

DBM - 2/14/2019

[History and Physical] [Daniel Loper] [285811]

[Date Printed:8/9/2018] Page 1 of 1

History and Physical

Patient Name:	Daniel Loper	Visit Date:	April 11, 2018
Patient ID:	285811	Provider:	Colin G. Crosby, MD
Sex:	Male	Location:	Elite Sports Medicine & Ortho - Nashville
Birthdate:	[REDACTED]	Location Address:	2004 Hayes St Suite 200 Nashville, TN 37203-2087
		Location Phone:	(615) 324-1600

Chief Complaint

- *Neck complaints
- *Back complaints

History Of Present Illness**PATIENT INFORMATION**

36 year old male who presents as a new patient. He has previously seen other providers at Elite.
Occupation: self employed.

PAIN PRESENTATION

Presenting Symptoms: neck pain, low back pain, and.

*Refer to pain diagram for further details.

Method of Injury: sports injuries.

Symptom Onset: 6 years ago.

The symptoms are worsening and.

Current pain level: 5/10

Pain level at it's highest: 8/10

Pain Scale Reference: 0 (No pain) to 10 (unbearable pain).

MODIFYING FACTORS

Exacerbating Factors: bending, running, squatting, head movement, shoulder/arm movement, overhead activity.
Alleviating Factors: sitting, lying down, and.

RECENT INTERVENTIONS/PREVIOUS TREATMENT

Previous treatments include: anti-inflammatories and physical therapy. Helpful Treatments: None.

PREVIOUS TESTING/REVIEWED INFORMATION

Previous Testing: MRI(s) and Nerve Study. The MRI(s) is from within the last 6 months. The EMG/NCV is from within the last 6 months.

Past Medical History

Disease Name	Date Onset	Notes
* None	--	- Phreesia 04/11/2018
Arthrosis of shoulder, unspecified laterality	04/25/2018	--
Impingement syndrome of shoulder region, unspecified laterality	04/25/2018	--
Instability of shoulder joint, unspecified laterality	04/25/2018	--

Past Surgical History

Procedure Name	Date	Notes
Foot/Ankle Surgery	--	- Phreesia 04/11/2018
Other Surgical History	--	LOWER LEG COMPARTMENT - Phreesia 04/11/2018

[Digital Signature Validated]

DL-00538

AUG 09 2018 02:38PM FILES:PORTS 0103420210

page 3

DBM - 2/14/2019

[Date Printed:8/9/2018] Page 2 of 6

[History and Physical] [Daniel Loper] [285811]

Allergy List**Allergen Name**

NO KNOWN DRUG ALLERGIES

Date

--

Reaction

--

Notes

- Phreesia 04/11/2018

Family Medical History**Disease Name**

*None Reported

Relative/Age

/

Notes

- Phreesia 04/11/2018

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current some day	--/--	1-4 / week	- Phreesia 04/11/2018
College, 4-year	--	--/--	--	- Phreesia 04/11/2018
Employed- Full time	--	--/--	--	- Phreesia 04/11/2018
Married	--	--/--	--	- Phreesia 04/11/2018
Moderate Amount of Exercise (1-3 times weekly)	--	--/--	--	- Phreesia 04/11/2018
Tobacco	Never	--/--	--	- Phreesia 04/11/2018

Review of Systems**Constitutional**

- o Denies : fever, chills, night sweats

Cardiovascular

- o Denies : chest pain, palpitations, edema/swelling

Respiratory

- o Denies : shortness of breath

Gastrointestinal

- o Denies : abdominal pain, bowel problems

Genitourinary

- o Denies : urinary problems

Integument

- o Denies : rashes, discolorations, malformations

Neurologic

- o Denies : loss of sensation, numbness

Musculoskeletal

- o Admits : See HPI & PE

Endocrine

- o Denies : excessive weight gain or loss

Heme-Lymph

- o Denies : bleeding or clotting disorders, swollen / painful lymph nodes

Allergic-Immunologic

- o Denies : persistent or recurrent infections

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP (F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat
04/11/2018	04:24 PM									348lbs 0oz	6' 6.5"	39.7	2.96	

Physical Examination**Cervical Spine/Neck**

- o Inspection/Palpation :

[Digital Signature Validation]

DL-00539

DBM - 1/10/2021

page 4

DBM - 2/14/2019

[Date Printed:8/9/2018] Page 3 of 6

[History and Physical] [Daniel Loper] [285811]

- **Inspection** : alignment appears normal
- **Skin** : no rash present
- **Palpation** : paraspinal muscles non-tender, no trigger points
- **Stability** : range of motion normal, presumed normal stability
- **Muscle Strength** : paraspinal muscle strength within normal limits
- **Muscle Bulk** : normal without atrophy
- **Cervical Spine Tests/Signs** : Spurling's test positive
- **Range of Motion** : Range of motion normal
- Right Upper Extremity**
 - **Shoulder** :
 - **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling present, no deformities present
 - **Range of Motion** : full range of motion without pain
 - **Strength** : deltoid strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Tests/Signs** : Impingement test negative, Hawkin's sign negative
 - **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+
 - **Sensation** : sensation normal to light touch in dermatomal pattern
 - **Vascular Exam** : no edema, radial artery pulse 2+
 - **Elbow** :
 - **Range of Motion** : full ROM
 - **Strength** : biceps strength 5/5, triceps strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Tests/Signs** : no pain with resisted wrist extension or flexion
 - **Forearm** : no tenderness to palpation
 - **Hand** :
 - **Inspection/Palpation** : no tenderness to palpation
 - **Range of Motion** : full ROM
 - **Strength** : Grip/Long Flexor strength 5/5, Interosseus strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Wrist** :
 - **Inspection/Palpation** : no tenderness
 - **Range of Motion** : full ROM
 - **Strength** : wrist extension strength 5/5
 - **Stability** : no joint instability on provocative testing
- Left Upper Extremity**
 - **Shoulder** :
 - **Range of Motion** : full active and passive ROM without pain
 - **Strength** : deltoid strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Tests/Signs** : Hawkin's sign negative, Neer's sign negative
 - **Elbow** :
 - **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling is present, no deformities noted
 - **Range of Motion** : full ROM
 - **Strength** : biceps strength 5/5, tricep 5/5
 - **Stability** : no joint instability on provocative testing
 - **Muscle Tone** : tone normal
 - **Muscle Bulk** : muscle bulk normal
 - **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+
 - **Sensation** : sensation normal to light touch in dermatomal pattern
 - **Vascular Exam** : no edema, radial artery pulse 2+
 - **Forearm** : no tenderness present
 - **Wrist** :
 - **Inspection/Palpation** : no tenderness
 - **Range of Motion** : full ROM
 - **Strength** : Wrist extensor strength 5/5
 - **Stability** : no joint instability on provocative testing
 - **Hand** :
 - **Inspection/Palpation** : no tenderness
 - **Range of Motion** : full ROM
 - **Strength** : Grip/long flexor strength 5/5, Interosseus strength 5/5

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[History and Physical] [Daniel Loper] [285811]

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- **Stability** : no joint instability on provocative testing

Thoracic Spine

- **Inspection** : no deformities present
- **Palpation** : nontender to palpation
- **Skin** : no lesions, rashes or scars
- **Thoracic Spine Range of Motion** : full ROM
- **Thoracic Spine Stability** : no spinal instability detected
- **Muscle Strength/Tone/Bulk** : paraspinal muscle strength within normal limits

Pelvis

- **Inspection/Palpation** : Sacroiliac joint non-tender to palpation, Greater trochanter non-tender to palpation
- **Skin** : no lesions, rashes or scars

Lumbosacral Spine

- **Inspection** : no lesions or deformities
- **Palpation** : paraspinal musculature is nontender to palpation
- **Stability** : range of motion normal suggesting normal stability
- **Muscle Strength** : paraspinal muscle strength within normal limits
- **Muscle Tone** : paraspinal muscle tone normal
- **Muscle Bulk** : no muscle atrophy
- **Tests/Signs** : seated straight leg raise test negative bilaterally
- **Range of Motion** : Range of motion normal

Gait and Station

- **Gait** : normal gait
- **Station** : station normal

Constitutional

- **Appearance** : well-developed, well-nourished, well-groomed, body habitus normal

Neurological/Psychiatric

- **Orientation** : oriented X 3
- **Mood and Affect** : mood normal, affect appropriate

Right Lower Extremity

- **Musculoskeletal Examination** : Inspection, palpation, stability, range of motion, and strength within normal limits unless noted below
- **Buttock** : no tenderness to palpation
- **Hip** :
 - **Range of Motion** : Full ROM without pain
 - **Stability** : no joint instability
- **Thigh** : no tenderness to palpation
- **Knee** :
 - **Inspection/Palpation** : no soft tissue swelling, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension
 - **Stability** : no valgus or varus instability present
 - **Strength** : Quadriceps strength 5/5
- **Lower Leg** : no tenderness lower leg
- **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Stability** : no joint instability on provocative testing
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
- **Foot** :
 - **Strength** : EHL strength 5/5
- **Muscle Tone** : tone normal
- **Muscle Bulk** : normal muscle bulk present
- **Sensation** : sensation normal in all dermatomes
- **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
- **Vascular Exam** : no edema, posterior tibial artery pulse 2+

Left Lower Extremity

- **Buttock** : no tenderness to palpation
- **Hip** :
 - **Range of Motion** : ROM full without pain
 - **Stability** : no joint instability
 - **Strength** : all muscles 5/5 strength

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DBM - 2/14/2019

[History and Physical] [Daniel Loper] [285811]

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- **Palpation** : no tenderness, no palpable defects, no crepitus
- **Thigh** : no tenderness to palpation
- **Knee** :
 - **Inspection/Palpation** : no swelling present, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension
 - **Stability** : no valgus or varus instability present
 - **Strength** : Quadriceps strength 5/5
- **Lower Leg** : no tenderness lower leg
- **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
 - **Stability** : no joint instability on provocative testing
- **Foot** :
 - **Strength** : EHL strength 5/5
- **Muscle Tone** : tone normal
- **Muscle Bulk** : normal muscle bulk present
- **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
- **Vascular Exam** : no edema, posterior tibial artery pulse 2+
- **Sensation** : sensation normal in all dermatomes
- Skin and Subcutaneous Tissue**
- **Trunk** :
 - **Back** : no rashes present, no lesions present, no areas of discoloration

Assessment

- Pain- Cervical 723.1/M54.2
- Pain- Lumbar 724.2/M54.5
- Degenerative Disc Disease, Cervical 722.4/M50.30
- Degenerative Disc Disease, Lumbar 722.52/M51.36
- Radiculopathy of cervical region 723.4/M54.12
- Radiculopathy- Lumbar 724.4/M54.16

Plan

Orders

- Cervical Spine, 4V Flex/Ex (72050) - 723.1/M54.2 - 04/11/2018
- Lumbar Spine, 4V Flex/Ex (72110) - 724.2/M54.5 - 04/11/2018
- Pelvis AP (72170) - 724.2/M54.5 - 04/11/2018
- Cervical Intralaminar ESI w/ Fluoroscopy (62310) - 723.4/M54.12, 723.1/M54.2 - 04/11/2018
- C6-7 WITH AMG
- PHYSICAL THERAPY ORDER (PT) - 722.4/M50.30, 722.52/M51.36, 723.4/M54.12, 724.4/M54.16 - 04/11/2018

Medications

- Mobic 15 mg oral tablet
SIG: take 1 tablet (15 mg) by oral route once daily with food.
DISP: (30) tablets with 2 refills
Prescribed on 04/11/2018
- Neurontin 300 mg oral capsule
SIG: take 1 capsule by oral route once a day (at bedtime) for 30 days
DISP: (30) capsules with 2 refills
Prescribed on 04/11/2018

Instructions

- RTC in 6 weeks with Dr. Crosby
- RTC 2 wks p ESI with Dr. Crosby
- The patient will contact me in the interim between now and their followup appt for any problems, questions, or concerns.

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DL-00542

DBM 1/10/2021

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DBM - 2/14/2019

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[History and Physical] [Daniel Loper] [285811]

- o Medications were discussed with the patient. They agree to notify us with any issues. Pt. stated they will utilize as prescribed (including not taking more than one anti-inflammatory concurrently) and d/c immediately if any adverse side effects appear. For narcotics, pt is aware that operating a vehicle of any sort is prohibited and dangerous.
- o PT eval & treat 1-3x/wk for 6 weeks: CERVICAL AND LUMBAR stabilization, modalities, core, HEP

He is a 36-year-old former NFL football player. He played from 2005-2012. Had persistent neck and low back pain. His neck pain radiates into his right arm was associated with numbness in bilateral hands. The numbness occurs in the radial distribution of the hand. Leg pain is bilateral worse with standing and better with lying down. He has had no treatment thus far.

Physical exam reveals positive Spurling sign on the cervical spine. Otherwise 5/5 strength sensation intact light touch negative straight leg raise testing.

radiograph show C6-7 degenerative disc disease with focal kyphosis with anterior osteophytes noted he has slight loss of cervical lordosis.

radiographs lumbar spine show L5-S1 degenerative disc disease without instability without evidence of fracture.

I reviewed MRI of his cervical spine which shows C6-7 broad-based disc osteophyte complex with right greater left neural foraminal stenosis.

MRI of his lumbar spine shows L5-S1 broad-based disc bulging and L4-5 broad-based disc bulging with right greater left neural foraminal stenosis and lateral recess stenosis.

We discussed options. I would like to treat his cervical spine with cervical epidural as well as physical therapy with traction. After get a cervical epidural like to perform and lumbar epidural steroid injection L5-S1. I believe he would do well with anti-inflammatories and gabapentin. I am going to refer him for treatment of his bilateral labral tears and treatment of bilateral carpal tunnel syndrome. EMG was also reviewed which showed evidence of severe carpal tunnel syndrome and overall peripheral neuropathy of mild degree in the lower extremities.

Electronically Signed by: Colin G. Crosby, MD -Author on May 24, 2018 11:15:43 AM

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DL-00543

EXHIBIT W

EXHIBIT W

DL-00544

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 1 of 6

Progress Note

Patient Name: Daniel Loper
Patient ID: 285811
Sex: Male
Birthdate: [REDACTED]

Visit Date: May 24, 2018
Provider: Collin G. Crosby, MD
Location: Elite Sports Medicine & Ortho - Nashville
Location Address: 2004 Hayes St
 Suite 200
 Nashville, TN 37203-2087
Location Phone: (615) 324-1600

Chief Complaint

- *Neck complaints
- *Back complaints

History Of Present Illness

Daniel Loper is here today for follow up evaluation . Refer to pain diagram.

Prior Visit Recommendations

At the patient's previous visit treatment recommendations Included: Cervical Intralaminar ES1 w/ Fluoroscopy and PHYSICAL THERAPY ORDER.

Severity

His prior pain level: 5/10 (0 being no pain-10 being the worst pain of their life)

His current pain level: 4/10 (0 being no pain- 10 being the worst pain of their life)

Patient Status

He reports symptoms have not changed.

Medications

He did not start any medications.

Past Medical History

Disease Name	Date Onset	Notes
* None	--	- Phreesia 04/11/2018
Arthrosis of shoulder, unspecified laterality	04/25/2018	--
Impingement syndrome of shoulder region, unspecified laterality	04/25/2018	--
Instability of shoulder joint, unspecified laterality	04/25/2018	--

Past Surgical History

Procedure Name	Date	Notes
Foot/Ankle Surgery	--	- Phreesia 04/11/2018
Other Surgical History	--	LOWER LEG COMPARTMENT - Phreesia 04/11/2018

Medication List

Name	Date Started	Instructions
Mobic 15 mg oral tablet	04/11/2018	take 1 tablet (15 mg) by oral route once daily with food.
Neurontin 300 mg oral capsule	04/11/2018	take 1 capsule by oral route once a day (at bedtime) for 30

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DL-00545

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 2 of 6

days

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--	- Phreesia 04/11/2018

Family Medical History

Disease Name	Relative/Age	Notes
*None Reported	/	- Phreesia 04/11/2018

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current some day	--/--	1-4 / week	- Phreesia 04/11/2018
College, 4-year	--	--/--	--	- Phreesia 04/11/2018
Employed- Full time	--	--/--	--	- Phreesia 04/11/2018
Married	--	--/--	--	- Phreesia 04/11/2018
Moderate Amount of Exercise (1-3 times weekly)	--	--/--	--	- Phreesia 04/11/2018
Tobacco	Never	--/--	--	- Phreesia 04/11/2018

Review of Systems**Constitutional**

- o Denies : fever, chills, night sweats

Cardiovascular

- o Denies : chest pain, palpitations, edema/swelling

Respiratory

- o Denies : shortness of breath

Gastrointestinal

- o Denies : abdominal pain, bowel problems

Genitourinary

- o Denies : urinary problems

Integument

- o Denies : rashes, discolorations, malformations

Neurologic

- o Denies : loss of sensation, numbness

Musculoskeletal

- o Admits : See HPI & PE

Endocrine

- o Denies : excessive weight gain or loss

Heme-Lymph

- o Denies : bleeding or clotting disorders, swollen / painful lymph nodes

Allergic-Immunologic

- o Denies : persistent or recurrent infections

Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	PR	Temp(F)	WT	HT	BMI kg/m2	BSA m2	O2 Sat
4/11/2018	04:24 PM									348	6' 6"	39.7	2.96	

Physical Examination

Constitutional

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DL-00546

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 3 of 6

o **Appearance** : well-developed, well-nourished, well-groomed, body habitus normal

Cervical Spine/Neck

o **Inspection/Palpation** :

■ **Inspection** : alignment appears normal

■ **Skin** : no rash present

■ **Palpation** : paraspinal muscles non-tender, no trigger points

o **Range of Motion** : Range of motion normal

o **Stability** : range of motion normal, presumed normal stability

o **Muscle Strength** : paraspinal muscle strength within normal limits

o **Muscle Bulk** : normal without atrophy

o **Cervical Spine Tests/Signs** : Spurling's test positive

Right Upper Extremity

o **Shoulder** :

■ **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling present, no deformities present

■ **Range of Motion** : full range of motion without pain

■ **Stability** : no joint instability on provocative testing

■ **Strength** : deltoid strength 5/5

■ **Tests/Signs** : Impingement test negative, Hawkin's sign negative

o **Elbow** :

■ **Range of Motion** : full ROM

■ **Strength** : biceps strength 5/5, triceps strength 5/5

■ **Stability** : no joint instability on provocative testing

■ **Tests/Signs** : no pain with resisted wrist extension or flexion

o **Forearm** : no tenderness to palpation

o **Wrist** :

■ **Inspection/Palpation** : no tenderness

■ **Range of Motion** : full ROM

■ **Strength** : wrist extension strength 5/5

■ **Stability** : no joint instability on provocative testing

o **Hand** :

■ **Inspection/Palpation** : no tenderness to palpation

■ **Range of Motion** : full ROM

■ **Strength** : Grip/Long Flexor strength 5/5, Interosseus strength 5/5

■ **Stability** : no joint instability on provocative testing

o **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+

o **Sensation** : sensation normal to light touch in dermatomal pattern

o **Vascular Exam** : no edema, radial artery pulse 2+

Left Upper Extremity

o **Shoulder** :

■ **Range of Motion** : full active and passive ROM without pain

■ **Stability** : no joint instability on provocative testing

■ **Strength** : deltoid strength 5/5

■ **Tests/Signs** : Hawkin's sign negative, Neer's sign negative

o **Elbow** :

■ **Inspection/Palpation** : skin appearance is normal, no rashes, no swelling is present, no deformities noted

■ **Range of Motion** : full ROM

■ **Strength** : biceps strength 5/5, tricep 5/5

■ **Stability** : no joint instability on provocative testing

o **Forearm** : no tenderness present

o **Wrist** :

■ **Inspection/Palpation** : no tenderness

■ **Range of Motion** : full ROM

■ **Strength** : Wrist extensor strength 5/5

■ **Stability** : no joint instability on provocative testing

o **Hand** :

■ **Inspection/Palpation** : no tenderness

■ **Range of Motion** : full ROM

■ **Strength** : Grip/long flexor strength 5/5, Interosseus strength 5/5

■ **Stability** : no joint instability on provocative testing

o **Muscle Tone** : tone normal

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DL-00547

DBM - 1/10/2021

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

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- o **Muscle Bulk** : muscle bulk normal
- o **Reflexes** : biceps 2+, triceps 2+, brachioradialis 2+
- o **Sensation** : sensation normal to light touch in dermatomal pattern
- o **Vascular Exam** : no edema, radial artery pulse 2+

Thoracic Spine

- o **Inspection** : no deformities present
- o **Palpation** : nontender to palpation
- o **Skin** : no lesions, rashes or scars
- o **Thoracic Spine Range of Motion** : full ROM
- o **Thoracic Spine Stability** : no spinal instability detected
- o **Muscle Strength/Tone/Bulk** : paraspinal muscle strength within normal limits

Pelvis

- o **Inspection/Palpation** : Sacroiliac joint non-tender to palpation, Greater trochanter non-tender to palpation
- o **Skin** : no lesions, rashes or scars

Lumbosacral Spine

- o **Inspection** : no lesions or deformities
- o **Palpation** : paraspinal musculature is nontender to palpation
- o **Stability** : range of motion normal suggesting normal stability
- o **Range of Motion** : Range of motion normal
- o **Muscle Strength** : paraspinal muscle strength within normal limits
- o **Muscle Tone** : paraspinal muscle tone normal
- o **Muscle Bulk** : no muscle atrophy
- o **Tests/Signs** : seated straight leg raise test negative bilaterally

Right Lower Extremity

- o **Musculoskeletal Examination** : Inspection, palpation, stability, range of motion, and strength within normal limits unless noted below
- o **Buttock** : no tenderness to palpation
- o **Hip** :
 - **Range of Motion** : Full ROM without pain
 - **Stability** : no joint instability
- o **Thigh** : no tenderness to palpation
- o **Knee** :
 - **Inspection/Palpation** : no soft tissue swelling, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension
 - **Stability** : no valgus or varus instability present
 - **Strength** : Quadriceps strength 5/5
- o **Lower Leg** : no tenderness lower leg
- o **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
 - **Stability** : no joint instability on provocative testing
- o **Foot** :
 - **Strength** : EHL strength 5/5
- o **Muscle Tone** : tone normal
- o **Muscle Bulk** : normal muscle bulk present
- o **Sensation** : sensation normal in all dermatomes
- o **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
- o **Vascular Exam** : no edema, posterior tibial artery pulse 2+

Left Lower Extremity

- o **Buttock** : no tenderness to palpation
- o **Hip** :
 - **Palpation** : no tenderness, no palpable defects, no crepitus
 - **Range of Motion** : ROM full without pain
 - **Stability** : no joint instability
 - **Strength** : all muscles 5/5 strength
- o **Thigh** : no tenderness to palpation
- o **Knee** :
 - **Inspection/Palpation** : no swelling present, no observable deformity or malalignment, no masses present
 - **Range of Motion** : Full ROM in flexion, Full ROM in extension

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DL-00548

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed:5/25/2018] Page 5 of 6

- **Stability** : no valgus or varus instability present
- **Strength** : Quadriceps strength 5/5
- **Lower Leg** : no tenderness lower leg
- **Ankle** :
 - **Inspection/Palpation** : no tenderness to palpation, no swelling present, no deformities present
 - **Range of Motion** : full ROM
 - **Strength** : dorsiflexion 5/5, plantarflexion 5/5
 - **Stability** : no joint instability on provocative testing
- **Foot** :
 - **Strength** : EHL strength 5/5
- **Muscle Tone** : tone normal
- **Muscle Bulk** : normal muscle bulk present
- **Sensation** : sensation normal in all dermatomes
- **Reflexes** : patellar tendon reflex 2+, ankle reflex 2+
- **Vascular Exam** : no edema, posterior tibial artery pulse 2+
- Gait and Station**
 - **Gait** : normal gait
 - **Station** : station normal
- Skin and Subcutaneous Tissue**
 - **Trunk** :
 - **Back** : no rashes present, no lesions present, no areas of discoloration
- Neurological/Psychiatric**
 - **Orientation** : oriented X 3
 - **Mood and Affect** : mood normal, affect appropriate

Assessment

- Pain- Cervical 723.1/M54.2
- Pain- Lumbar 724.2/M54.5
- Degenerative Disc Disease, Cervical 722.4/M50.30
- Degenerative Disc Disease, Lumbar 722.52/M51.36
- Radiculopathy of cervical region 723.4/M54.12
- Radiculopathy- Lumbar 724.4/M54.16

He is a 36-year-old former NFL football player. He played from 2005-2012. Had persistent neck and low back pain. His neck pain radiates into his right arm was associated with numbness in bilateral hands. The numbness occurs in the radial distribution of the hand. Leg pain is bilateral worse with standing and better with lying down. He has had no treatment thus far.

Physical exam reveals positive Spurling sign on the cervical spine. Otherwise 5/5 strength; sensation intact light touch negative straight leg raise testing.

radiograph show C6-7 degenerative disc disease with focal kyphosis with anterior osteophytes noted he has slight loss of cervical lordosis.

radiographs lumbar spine show L5-S1 degenerative disc disease without instability without evidence of fracture.

I reviewed MRI of his cervical spine which shows C6-7 broad-based disc osteophyte complex with right greater left neural foraminal stenosis.

MRI of his lumbar spine shows L5-S1 broad-based disc bulging and L4-5 broad-based disc bulging with right greater left neural foraminal stenosis and lateral recess stenosis.

We discussed options. I would like to treat his cervical spine with cervical epidural as well as physical therapy with traction. After get a cervical epidural like to perform and lumbar epidural steroid injection L5-S1. I believe he would do well with anti-inflammatories and gabapentin. I am going to refer him for treatment of his bilateral labral tears and treatment of bilateral carpal tunnel syndrome. EMG was also reviewed which showed evidence of severe carpal tunnel syndrome and overall peripheral neuropathy of mild degree in the lower extremities.

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DL-00549

DBM - 1/16/2021

DBM - 2/14/2019

[Progress Note] [Daniel Loper] [285811]

[Date Printed: 5/25/2018] Page 6 of 6

Plan

Instructions

- o ***** F/U APPT *****
- o Patient requests to call us at a later time to schedule appt/s.
- o The patient will contact me in the interim between now and their followup appointment for any problems, questions, or concerns.

He returns. He has had persistent neck pain. His low back pain is and leg pain is the same. He has not had his epidural steroid injection. He has not started physical therapy yet.

I reviewed imaging of his low back. MRI shows L5-S1 broad-based disc bulge with degenerative changes present L4-S1.

cervical MRI reveals a C6-7 disc osteophyte complex with foraminal stenosis.

At this point and continue conservative treatment. Does have both cervical and lumbar radiculopathy due to cervical and lumbar disc disease.

Electronically Signed by: Colin G. Crosby, MD -Author on May 24, 2018 01:08:01 PM

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DL-00550

EXHIBIT X

EXHIBIT X

DL-00551

Injury/Illness Report

LOPER, DANIEL

Lumbar Facet Syndrome

General

Side of body injured:	Left	Reinjury:	No	Closed:	8/18/2011
Clinical impressions:	Lumbar Facet Syndrome				
Injury occurred on team:	The Oakland Raiders				
Onset of injury:	8/13/2011	Days missed:	1		
Removed from participation:	8/15/2011	Games missed:	0		
Return to full participation:	8/17/2011	Practices missed:	0		
Description of onset:	Daniel said he originally hurt his lower back the same day he hurt his knee during practice. He reported to the training room in the morning c/o left low back pain w/ ext and side bending. Point tenderness lat. to SP's. He was unable to finish practice in the afternoon. Dr. Strudwick eval'd. CC				
Primary mechanism:	Indirect Force	Nature of injury:	SUBACUTE INJURY: Gradual Onset		

Onset Details

Team activity:	<Other> [20]: PRAC/Skill Training				
Athlete's position:	OFFENSIVE LINE: OFF-Guard	Team's action:	PRACTICE/CONTACT		
Athlete's action:	OTHER/NO CONTACT: Sprinting/Running	Activity segment:	2nd Quart/ 1/4 Pract		
Protective device:	Customary Uniform				

Initial Response

Tests:	CLINICAL EXAM, Palpation Exams, Flexibility Tests	Management:	THERAPEUTIC MODALITY	
Seen by:	CORTEZ, CHRIS	Action taken:	NOT HOSPITALIZED	
Referred to:	STRUDWICK, DR. WARREN			
Response notes:				

Initial Assessment

Strength:	Swelling:
Range of motion:	Pain:
Stability:	Functional level: 0 %
Assessment notes:	

Injury Maintenance

Wednesday, October 19, 2011

LOPER, DANIEL

Left - Lumbar Facet Syndrome

Onset: 8/13/2011 Return: 8/17/2011

Daniel said he originally hurt his lower back the same day he hurt his knee during practice. He reported to the training room in the morning c/o left low back pain w/ ext and side bending. Point tenderness lat. to SP's. He was unable to finish practice in the afternoon. Dr. Strudwick evaled.
CC

<u>Seen</u>	<u>Details</u>	<u>Seen by</u>	<u>Location</u>	<u>Participation Status</u>
08/15/11 07:00 am	BIOWAVE	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/15/11 11:00 am	DIATHERMY: 20 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/15/11 01:15 pm	HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/15/11 05:35 pm	BIOWAVE HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/16/11 08:00 am	ATM BACK MACHINE BIOWAVE DIATHERMY: 20 MIN HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/16/11 01:39 pm	DIATHERMY: 20 MIN HOT WHIRLPOOL: 10 MIN STRETCH	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/17/11 07:00 am	ATM BACK MACHINE COMBO: 5 MIN DIATHERMY: 20 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/17/11 05:50 pm	COLD WHIRLPOOL: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/18/11 07:05 am	DIATHERMY: 20 MIN HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/18/11 01:00 pm	ATM BACK MACHINE BIOWAVE HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/19/11 07:40 am	DIATHERMY: 20 MIN HOT PACK: 10 MIN	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION
08/19/11 04:20 pm	MASSAGE	CHARASCHIRAKUL, ARNOLD		FULL PARTICIPATION

10/19/2011 10:15 am

DL-00553

Page 11

EXHIBIT Y

EXHIBIT Y

DL-00554



(815) 836-3788 TEL • (815) 836-3788 FAX
16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147]
REFERRING PHYSICIAN: DR. CHAN
EXAM: CERVICAL SPINE^routine
DATE: Aug 29,2017 10:47

Final Report

Please see the below findings section for a more detailed level by level description.

Submitted Clinical Information: Bilateral upper extremity numbness and tingling.

Study Technique: Unenhanced MRI cervical spine was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Findings: Straight alignment. Mild diffuse spondylosis. Visualized portions of the brain stem, cerebellum, cervical and upper thoracic spinal cord exhibit normal signal intensity. Bone marrow signal intensity appears diffusely normal. Mild right maxillary sinus membrane thickening.

C2-3: No significant disc bulge or herniation.

C3-4: 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.

C4-5: 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.

C5-6: 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.

C6-7: 3 mm left paracentral disc herniation with osteophyte. Moderate spinal stenosis and mild spinal cord effacement. Mild bilateral foraminal stenosis.

No other significant disc bulge or herniation is identified. The remainder of the intervertebral foramina and spinal canal appear adequately patent. The surrounding soft tissues appear otherwise unremarkable.

Final Impression:

1. C6-7: 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis.
2. C5-6: 2 mm disc bulge with mild spinal stenosis and moderate bilateral foraminal stenosis.
3. C4-5: 1 mm disc bulge with mild spinal stenosis. Mild to moderate bilateral foraminal stenosis.
4. C3-4: 1 mm disc bulge and mild to moderate bilateral foraminal stenosis.
5. Spondylosis.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

DL-00555

Electronically signed by

Eric Fitzcharles
Aug 29, 2017 18:02 EST.

Metis MD PRO
Connected Radiology



DL-00556

EXHIBIT Z

EXHIBIT Z

DL-00557

RT/DOCUMENTATION
MED IMAGESSM
(51VSKT)

DATE: June 25, 2008

PATIENT: #30776 Daniel Loper

SURGEON: David R. Moore, M.D.

FIRST ASSISTANT: Curtis Bandy

FACILITY: Baptist Plaza Surgicare

OPERATIVE NOTE

PREOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

POSTOPERATIVE DIAGNOSIS: Exertional compartment syndrome, anterior compartment, left leg.

PRINCIPAL PROCEDURE: Arthroscopically assisted fasciotomy, anterior compartment, left leg.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

TOURNIQUET TIME: 23 minutes.

INDICATIONS FOR OPERATION: Mr. Loper is a pleasant 26-year-old offensive lineman for the Tennessee Titans. He has noted increasing discomfort to his anterior compartment over the last three weeks. His pain has not improved despite relative rest, a Medrol Dose Pack, and anti-inflammatories. With any attempts to return to exertional activities, he notes increased discomfort over his anterior compartment. He did have formal compartment testing which demonstrated significantly elevated pressures, particularly involving the anterior compartment to the left leg. The lateral compartment was normal appearing. He has had no symptoms to his superficial or deep posterior compartment. He has had no numbness or tingling. His only symptoms have been pain. As he has not improved despite appropriate conservative treatment measures, he has elected to proceed with surgical management of the exertional compartment syndrome to the anterior compartment of the left leg. The risks including but not limited to the possibilities of bleeding, infection, persistent pain, persistent symptoms, anesthetic complications, and even death were discussed in detail. Mr. Lope understood and wished to proceed.

DETAILS OF THE OPERATION: The patient was taken to the operating room and placed supine on the operating table. He received appropriate preoperative antibiotics. After adequate induction of general endotracheal anesthesia, the patient's left lower extremity was prepped and draped in the usual sterile fashion. The left lower extremity was exsanguinated, and the tourniquet was elevated to 350 mmHg. The standard 6 cm incision was made centered over the

DRM:lc

Page 1 of 2

DL-00558

DBM 11/10/2021

Jun 30 2008 4:00PM EL E SPORTS MED

61534 697

p. 3

RT/DOCUMENTATION
MED IMAGESSM
(51VSKT)

DATE: June 25, 2008

Dr. Moore

PATIENT: #30776 Daniel Loper

mid portion of the anterior compartment. Sharp dissection was carried down through the subcutaneous tissue to the underlying fascia. Blunt dissection was then carried proximally and distally an additional 10 cm. A transverse incision was made in the fascia of the anterior compartment. Under direct visualization, the fasciotomy was extended proximally and distally. The arthroscope was placed without turning on the water and utilized to advance first proximally along the anterior compartment and then distally. The intermuscular septum was easily probed between the anterior and lateral compartments, and care was taken to remain anterior to the intermuscular septum. Blunt dissection was carried down to the lateral compartment at the junction of the proximal two thirds and distal one third of the leg. The superficial peroneal nerve was identified as it exited the fascial ring. It was clear that it was well posterior and lateral to the dissection. Care was taken to ensure that the fasciotomies were carried far enough distally and proximally, which they were.

The tourniquet was let down, and excellent hemostasis was obtained. The subcutaneous tissue was closed with interrupted 3-0 Vicryl, and the skin was closed with interrupted horizontal mattress 3-0 nylon sutures. A bulky dressing was applied. Postoperatively, the patient was placed in a boot for comfort. All sponge and instrument counts were correct at the end of the case. Postoperatively, the patient was awakened and taken to the recovery room in stable condition.

David R. Moore, M.D.

DD: 06/25/2008 23:42

DT: 06/26/2008 11:03

Transmission Date: 06/25/2008

DRM:lc

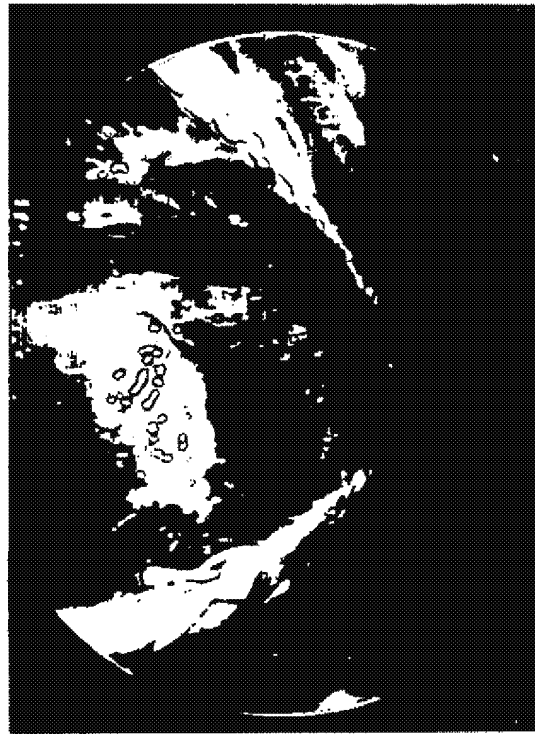
Page 2 of 2

DL-00559

DBM 11/10/2021

NAME: LOPER, DANIEL
ACT#: 30776
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE



Alvin T. King, Jr. Kellogg

DL-00560

DBM 11/10/2021

NAME: LOPER, DANIEL

ACT#: 30776

DOB: [REDACTED]

AGE: 26

DR: Moore, David R MD

DOS: 06/25/08

BAPTIST PLAZA SURGICARE

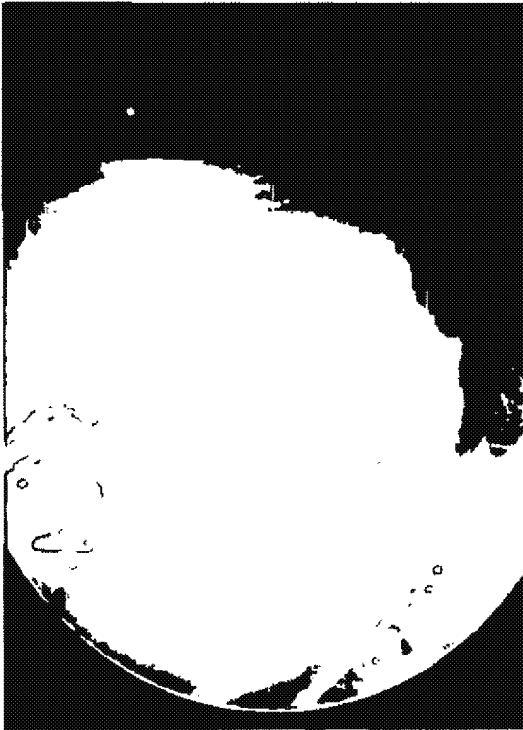


Fuscia Release

DL-00561

NAME: LOPER , DANIEL (2)
ACT#: 30776 Left
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE



DL-00562

NAME: LOPER, DANIEL
ACT#: 30776
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE



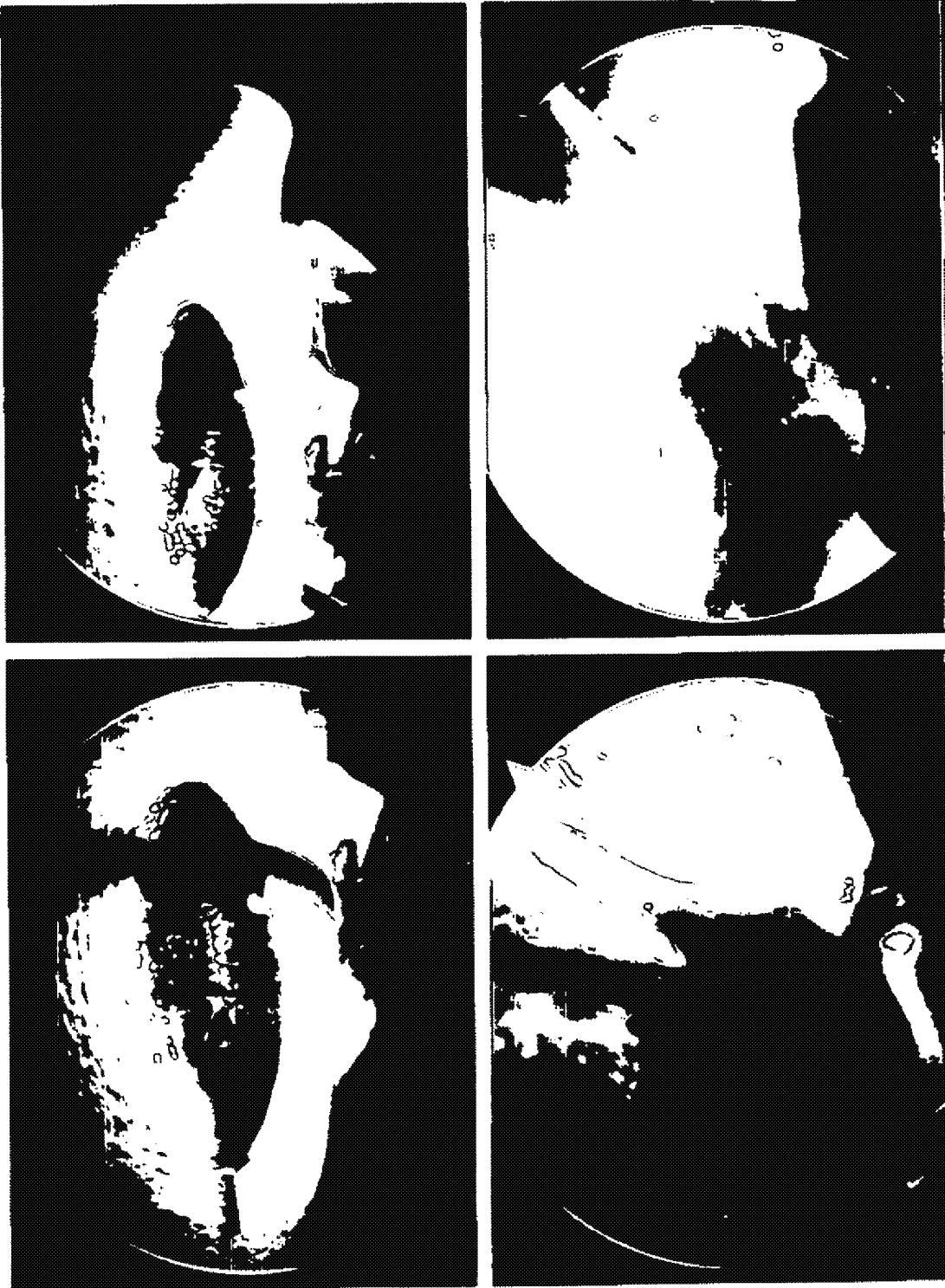
Notice in File



DL-00563

NAME: LOPER , DANIEL
ACT#: 30776 *[Signature]*
DOB: [REDACTED] AGE: 26
DR: Moore, David R MD
DOS: 06/25/08

BAPTIST PLAZA SURGICARE



DL-00564

EXHIBIT AA

EXHIBIT AA

DL-00565

Daniel Loper

Date of Service: 7-17-2008

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS: Daniel returns now three weeks and one day status post arthroscopically assisted anterior compartment releases to his left knee. Overall he feels he has done quite well and he has no complaints.

CURRENT MEDICATION LIST:

CURRENT ALLERGY LIST:

PHYSICAL EXAM: Today on examination, his incision is well healed. His sutures were removed two days ago. He has full active and passive range of motion to his ankle and knee. He has 5/5 strength to his EHL, tibialis anterior as well as to his peroneals. He has normal sensation distally to his foot. He easily jumps up and down on two feet and then his left lower extremity alone.

IMPRESSION/PLAN: Daniel is doing quite well now three weeks postoperatively with respect to his left lower extremity. We will gradually increase his activity level with respect to running and jumping in hopes of getting him ready for training camp in the next week. I will recheck him in the next two to three weeks for repeat clinical evaluation of his knee. I anticipate he will continue to do quite well. He will also check in with Dr. Elrod frequently during training camp.

David R. Moore, M.D.

DRM/tmk

cc: Brad Brown

Date Dictated: 07/17/2008

Date Transcribed: 07/20/2008

TID: 25745331

DL-00566

EXHIBIT BB

EXHIBIT BB

DL-00567

Player Treatment History

106687

LOPER, DANIEL

9862

Right CLAVICLE A-C CONTUSION

Opened: 8/23/2005

Returned: 8/23/2005

Closed: 8/28/2005

OSHA Req: Yes

OSHA Status Returned to normal work

Activity Coll w/person in bounds

During Practice A.M.

During Game

During Day

Temperature

Climate

Surface

Surface Cond

Current Status

Player Cleared for full activity

Team Episode Closed

League Not Reported

HAS BEEN C/O OF R AC JOINT SORENESS FOR 2 OR 3 DAYS. STARTED FEELING IT SAT AFTER THE GAME ON FRIDAY. SORE ON THE AC JOINT AND DISTAL CLAVICLE. FULL ROM BUT DOES HAVE PAINFUL ARC, NORMAL RC STRENGTH. HAS HX OF SUB SCAP TEAR 2 WEEKS AGO

8/23/2005 KAPLAN
ELRODInjured During Practice
Injured During PracticeNot Reported
Returned to normal work

Qty	Procedure
1	ICE PACK
1	HYDROCOLLATOR
1	ELECTRICAL STIM
1	EXERCISE

8/23/2005 MOSELEY

Cleared for full activity
Full Pract/ShortsNot Reported
Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

UBE, STRETCH

8/24/2005

Cleared for full activity
Full Pract/ShortsNot Reported
Returned to normal work

Qty	Procedure
2	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
3	ICE PACK
1	LASER

STILL VERY SORE ON AC JOINT, PAIN WITH MOVEMENTS ABOVE 90 DEGREES, PAIN WITH HZ ADDUCTION, MILD STRENGTH LOSS IN ABD AND FLEX.

UBE, DUMBBELL ROUTINE, BANDS INT & EXT ROTATION

8/25/2005 MOSELEY

Cleared for full activity
Full Pract/ShortsNot Reported
Returned to normal work

Qty	Procedure
1	HYDROCOLLATOR
1	PHONO-PHORESIS
1	EXERCISE
1	ICE PACK

STILL POINT TENDER ON AC, BUT DECREASED, NORMAL ROM, INCREASED STRENGTH.

UBE, STRETCH

DL-00568

Player Treatment History

106687

LOPER, DANIEL

8/26/2005 BROWN

Cleared for full activity

Not Reported

Full Play in Game

Returned to normal work

Qty	Procedure
1	ICE PACK

PLAYED FULL IN GAME, NO RES REPORTED POST GAME,

8/27/2005 MOSELEY

Treatment, rehab, & cond

Not Reported

Treat Only Day/Off

Returned to normal work

Qty	Procedure
1	ICE PACK

FELT FINE IN GAME, DID NOT WEAR HARNESS AND DID NOT HAVE ANY PROBLEMS IN GAME.

8/28/2005 BROWN

Cleared for full activity

Not Reported

Episode Closed

Returned to normal work

Qty	Procedure
1	ICE PACK

NO TREATMENT OTHER THEN ICE WILL END EPSIDOE AT THIS TIME.

Date	Medication	Description	Trainer
8/23/2005	30	Naprosyn tablet 500 mg	EL
8/26/2005	1	Toradol oral anti inflam	EL

DL-00569

EXHIBIT CC

EXHIBIT CC

DL-00570

DBM 1/10/2021

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADMIN	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury. <i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i>		
	CLAMS ADM CLAIM # (INSURER CLAIM #)						
	OSHA LOG CASE #		NAME OF INSURANCE CARRIER Great Divide Ins. Co.		CARRIER FEIN		If you have questions the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLMS ADM				
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #				
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2 P.O. Box 141299					CITY Irving	STATE TX
EMPLOYER	EMPLOYER NAME Tennessee Titans		EMPLOYER FEIN 74-1361125		SIC CODE	PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 460 Great Circle Road				NATURE OF BUSINESS Pro Football Player		
	CITY Nashville		STATE TN	ZIP 37228	INSURED REPORT NUMBER 11675	EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE	
	SELF INSURED				EXP DATE	<input type="checkbox"/> FULL TIME / REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
EMPLOYEE	EMPLOYEE LAST NAME LOPER		PHONE INCL AREA CODE		GENDER		
	FIRST DANIEL	MI	DEPARTMENT REGULARLY WORKED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN		
	ADDRESS LINE 1 AND 2		OCCUPATION DESCRIPTION				
	CITY	STATE	ZIP	MARITAL STATUS		NCCI CLASS CODE	
WAGE	WAGE \$515.00	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION		
					FULL WAGES PAID FOR DATE OF INJURY		
ACCIDENT/INJURY	DATE OF INJURY 2/5/2008		TIME OF INJURY <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE 12:00 PM		
	DATE EMPLOYER NOTIFIED OF INJURY 2/6/2008		BODY PART AFFECTED CODE R Shoulder		NATURE OF INJURY CODE Rot Cuff Str 1 Deg		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED		Body contact				
	DATE DISABILITY BEGAN						
	RETURN TO WORK (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?		<input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD				
ADDRESS WHERE INJURY OCCURED (if other than employer's premises) Titans Practice Facility @ Nashville, Tn					COUNTY OF INJURY USA		
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME				
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2				
	CITY	STATE	ZIP	CITY	STATE	ZIP	
OTHER	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINI / HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED
	DATE PREPARED 04/11/2008	PREPARER'S NAME & TITLE Alesia Bradley Plan Administrator		PREPARER'S COMPANY NAME Tennessee Titans		PHONE NUMBER 615-565-4000	

LB-0021 (REV 12-01)

DL-00571

EXHIBIT DD

EXHIBIT DD

DL-00572

Episode Summary by Player

Active Players (All Episodes) - On Per Page - Tennessee Titans

Report Date: 03/04/2008 Page 35

Onset	Closed_Date	Side	BodyPart	Injury	Episode	Duration	Status	WC	OSHA
LOPER, Daniel									
21-Jun-07	25-Jun-07	L	Knee	Hyperextension Spr 1 Deg	11083	4	C		Y
29-Jul-07	30-Jul-07	L	Thumb	Contusion	11132	1	C	Y	Y
03-Aug-07	26-Aug-07	L	Wrist	Ext Carpi Ulnaris Tndn Str 1	11199	23	C	Y	Y
28-Oct-07	31-Oct-07	L	Hip	Contusion	11517	3	C	Y	Y
04-Nov-07	09-Nov-07	R	Finger	Laceration	11527	5	C	Y	Y
06-Jan-08	07-Jan-08	R	Elbow	Sprain/Medial 1 Deg	11669	1	C	Y	Y
05-Feb-08	07-Feb-08	R	Shoulder	Rot Cuff Str 1 Deg	11675	2	C	Y	Y
					7				

DBM - 11/10/2021

DL-00573

NFL_ALFORD-0001389

Confidential Information

EXHIBIT EE

EXHIBIT EE

DL-00574

DBM 11/10/2021

Player Treatment History

106687 **LOPER, DANIEL**9737 **Right SHOULDER SUBSCAPULARIS STR 1 DEG**

Opened: 8/2/2005

Returned: 8/9/2005

Current Status

Player Cleared for full activity

Team Episode Closed

League Not Reported

OSHA Req: Yes

Closed: 8/21/2005

OSHA Status Returned to normal work

Activity Blocking

During Practice A.M.

During Game

During Day

Temperature Hot 80+

AM PRACTICE REPORTED POST PM PRACTICE, AM PRACTICE WAS BLOCKING AND GOT HIT ON THE SHOULDER. HE WAS BLOCKING AND GOT ARM PUSHED OFF AND FELT IT AGAIN. IT SETTLED DOWN AND THEN BETWEEN PRACTICES WAS REALLY NOT SORE AT ALL. PM PRACTICE WAS BLOCKING AGAIN AND WENT TO PULL ANOTHER PLAYER TOWARD HIM, INTERNALLY ROTATING THE SHOULDER AND GOT A SHARP PAIN IN THE SHOULDER. PAIN IS IN THE AND POST DELTOID REGION AND HAS A BRUISE ON THE DELTOID, BUT STRENGTH LOSS IS MOST SIGNIFICANT IN INT ROTATION WITH MOD STRENGTH LOSS. DR. BYRD EXAMINED POST PM PRACTICE

Climate Humid

Surface Natural

Surface Cond Normal

8/2/2005 BROWN

Injured During Practice

Not Reported

BYRD

Injured During Practice

Returned to normal work

Qty	Procedure
1	DOCTOR
1	ICE PACK
1	ELECTRICAL STIM

8/2/2005 BROWN

Injured During Practice

Not Reported

BYRD

Injured During Practice

Returned to normal work

Qty	Procedure
1	DOCTOR
1	ICE PACK
1	ELECTRICAL STIM

8/3/2005 BROWN

Cleared for full activity

Not Reported

Walk Through

Returned to normal work

Qty	Procedure
2	ICE PACK
1	ICE MASSAGE
2	ELECTRICAL STIM

STILL PRETTY SORE ON THE DELTOID AND PAINFUL WITH INT ROT. ONE XAM HE HAS MILD ECC AND TENDERNESS OVER THE POST DELTOID AND CUFF INSERTION POSTERIORLY. STRENGTH IS 4/5 IN INT ROTATION WITH 4+5 IN ALL OTHER PATTERNS. HAS + APPREHENSION ON AB/EXT. ROTATION BUT DOES NOT FEEL HE IS SUB AT ALL. PASSIVE ROM.

DL-00575

EXHIBIT FF

EXHIBIT FF

DL-00576

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM ROD MARTIN
DATE OF EXAM: AUGUST 25, 2010
PLAYER: LOPER, DANIEL

INJURY REPORT

CHIEF COMPLAINT: Left elbow.

HISTORY: Daniel was seen this evening following this afternoon's practice. He got hit on the elbow medially and also thinks he got his arm caught between a few players hyperextending the left arm. He has been noticing soreness primarily about the posteromedial aspect. Able to use the arm although a little discomfort with resisted extension. No history of prior elbow issues.

EXAMINATION: Left elbow examination reveals no substantial swelling. Full range of motion from 0 to 140 degrees of flexion with slight tightness in the end ranges of flexion. Full supination and pronation appreciated. There is tenderness over the medial course of the triceps region but no palpable defect. No tenderness over the lateral half of the triceps. He has 5/5 extension strength against resistance at 30 and 60 degrees of elbow flexion. However, in 90 degrees against resistance he does report discomfort about the posteromedial triceps with 5-/5 strength. The medial collateral ligament is stable with 1+ valgus stress noted with a firm endpoint. Minimal discomfort noted. Flexor pronator muscles are intact and neurologically he is intact.

IMPRESSION: Left elbow hyperextension injury with medial triceps strain.

RECOMMENDATION: Discussed the nature of the injury with Rod Martin as well as Chris Cortez in the training room. At this point we will just observe this and he will undergo training room modalities for this with judicious use of ice, antiinflammatories, and STIM as symptoms warrant. We will see how he does day to day and follow him up to see if he continues improvement.

Frank Chen, M.D.
FC:mdf

DL-00577

EXHIBIT GG

EXHIBIT GG

DL-00578



(815) 836-3788 TEL • (815) 836-3784 FAX
16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147J
REFERRING PHYSICIAN: DR. CHAN
EXAM: RT. ANKLE^ROUTINE
DATE: Aug 29,2017 13:08

Final Report

Submitted Clinical Information: Pain, weakness, and instability with history of open reduction internal fixation.

Study Technique: Unenhanced MRI of the right ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Ligaments and Tendons: No posterior tibiofibular ligament tear. There is chronic high-grade tear of the anterior tibiofibular ligament, with attenuation. No posterior talofibular ligament tear. Attenuation and chronic high-grade tear of the anterior talofibular ligament, with scarring. No calcaneofibular ligament tear. No deep deltoid ligament tear.

No flexor or extensor tendon abnormality. No peroneal tendon abnormality. Mild distal Achilles tendinosis without tear. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.

Bones and Soft Tissues: No ankle effusion. Marginal osseous ridging about all aspects of the ankle, compatible with arthrosis. Chronic bony fragmentation off the distal aspect of the lateral malleolus. There is no chondral defect in the talar dome or tibial plafond. No subtalar joint chondral defect. Prominent posterior process of the talus. No evidence of tarsal or proximal metatarsal fracture or stress fracture. No bone edema or contusion. Marginal osseous ridging off the superior talar neck and off the superior talonavicular joint. Surgical changes in the vicinity of the distal aspect of the lateral malleolus.

Final Impression:

1. Chronic high-grade tears of the anterior tibiofibular and anterior talofibular ligaments. Clinical correlation for instability is recommended.
2. Marginal osseous ridging about the ankle, compatible with arthrosis, without chondral defect.
3. Chronic bony fragmentation off the lateral malleolus, suggestive of previous inversion injury, with surgical changes in this vicinity.
4. Prominent posterior process of the talus.
5. Both band plantar fascial thickening and tendinosis with osseous ridging and remodeling at the calcaneus attachment site, but no tear.
6. Distal Achilles tendinosis with osseous ridging at the calcaneus attachment site.

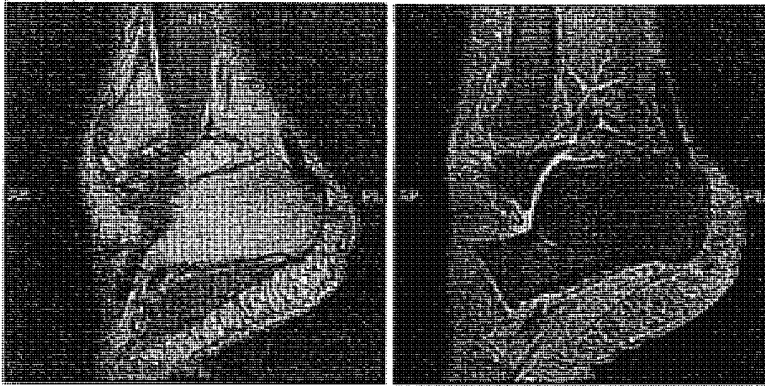
END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

DL-00579

Electronically signed by

Eric Fitzcharles
Aug 29, 2017 21:47 EST.
Metis MD PRO
Connected Radiology



DL-00580

EXHIBIT HH

EXHIBIT HH

DL-00581



(815) 836-3788 TEL • (815) 836-3784 FAX
16101 WEBER ROAD • CREST HILL, ILLINOIS 60403

PATIENT: DANIEL LOPER
DOB: [REDACTED]
FILE #: 266147J
REFERRING PHYSICIAN: DR. CHAN
EXAM: LT. ANKLE^ROUTINE LT.
DATE: Aug 29,2017 13:44

Final Report

Submitted Clinical Information: Pain and limited range of motion with swelling.

Study Technique: Unenhanced MRI of the left ankle was performed using routine protocols. Sequences were obtained in the axial, sagittal, and coronal planes.

Findings:

Ligaments and Tendons: Thickening and scarring of the anterior tibiofibular ligament without tear defect. No posterior tibiofibular ligament tear. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect. No posterior talofibular ligament tear. No calcaneofibular ligament tear. No deep deltoid ligament tear.

Mild distal tibialis posterior tendinosis. Mild tenosynovitis of all three flexor tendons, without tendon tear. No extensor tendon abnormality. No peroneal tendon abnormality. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon. There is mild both band plantar fascial thickening and tendinosis with peritendinitis, but no tear or detachment.

Bones and Soft Tissues: No ankle effusion. Marginal osseous ridging about the ankle, compatible with arthrosis. No chondral or osteochondral lesion in the talar dome or tibial plafond. Prominent posterior process of the talus. No subtalar joint chondral defect. Marginal osseous ridging off the superior talonavicular joint, compatible with arthrosis.

Final Impression:

1. Tibialis posterior tendinosis, with mild tenosynovitis of all three flexor tendons.
2. Distal Achilles tendinosis and enlargement with osseous ridging and remodeling at the attachment site, as well as interstitial ossification of the far distal tendon.
3. Talonavicular joint arthrosis and marginal osseous ridging.
4. Mild marginal osseous ridging about the ankle, compatible with arthrosis.
5. Thickening and scarring of the anterior talofibular ligament, suggestive of previous injury, without tear defect.
6. Mild both band plantar fascial thickening and tendinosis with peritendinitis.

END OF REPORT

Referring physician: The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

DL-00582

DBM 11/10/2021

Eric Fitzcharles
Aug 29, 2017 21:46 EST.
Metis MD PRO
Connecticut Radiology



DL-00583



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM - ORTHOPEDICS

LINE-OF-DUTY DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Daniel Loper DOB: [REDACTED] Phone: [REDACTED]
Player's address: [REDACTED]
Player's Credited Seasons: 2005-2012 (8)
Claimed impairments: See application

1. Did you receive records for this ☒ **YES** ☐ **NO** If so, how many pages? 355
2. Did you evaluate the Player? ☒ **YES** ☐ **NO** If so, 07/20/2021
3. Have you or your colleagues ever treated the Player previously? ☐ **YES** ☒ **NO**
4. For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

SHOULDER

LEFT SHOULDER

Impairment	Occur.	Points	Cause	Comments
S/P Subacromial Decompression	1	1	<input type="checkbox"/> Illness <input type="checkbox"/> Other- <u> </u> <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	7/17/18 pg 51-52 appeal letter

S/P Lateral Clavicle Resection	1	2	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	7/17/18 pg 51-52 appeal letter
S/P Arthroscopic Stabilization Procedure with or without SLAP Repair	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	7/17/18 pg 51-52 appeal letter

LEFT SHOULDER POINTS TOTAL: 6

RIGHT SHOULDER

Impairment	Occur.	Points	Cause	Comments
Symptomatic Shoulder Instability	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	MRI documented posterior subluxation on MRI pg.17-18

RIGHT SHOULDER POINTS TOTAL: 3

Impairments

LEFT SHOULDER POINTS TOTAL: 6

RIGHT SHOULDER POINTS TOTAL: 3

Impairments Total 9

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ or part of the central nervous system**? ☐ YES ☒ NO

If you checked YES:

Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment.

Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES ☐ NO

6. Do you have any additional remarks?

Please provide the required narrative report with this form.

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

Marcus Cook

Signature

07/29/2021

Date

Comments

Marcus Cook: Physician has submitted the eForm for player DANIEL,LOPER application id 221899 Please review
07/26/2021 10:22 PM

Sam Vincent: The PRF lists "pg 35" for the 7/17/2018 procedure, then the narrative lists page 51-52 for the same procedure.
Please review and update the appropriate page numbers. 07/28/2021 09:37 AM

PRF - Daniel Loper
rev. 07/2021

Dr. Marcus Cook

DL-00586

NFL IME

DOS 07/20/2021

Daniel Loper

DOB [REDACTED]

Examiner: Marcus Cook M.D.

Mr. Loper comes in today for line of duty evaluation.

Mr. Loper played college football as an offensive lineman at Texas Tech from 2000 - 2004. He played for the Tennessee Titans from 2005-2008. He then went to Detroit 2009. He then went to Oakland for the 2010 season. He finished his career at Dallas in 2011.

Problem list:

1. C-Spine
2. L-Spine
3. Bilateral shoulders
4. Left wrist
5. Bilateral Hands
6. Left Leg

Plan Records Review:

C-Spine

During his NFL career Mr. Loper reports he sustained sprains and strains of his cervical spine. In the plan records there is documentation of a cervical spine strain 9/28/08, a strain 11/25/08. (pg. 101,103) He later underwent an MRI of the cervical spine August 29, 2017. This MRI revealed a C6 -7 herniation with moderate spinal stenosis at that level. There was moderate bilateral foraminal stenosis at C 5-6. (pg.13-14). He was evaluated by Dr. Strickland 4/10/2018, after his NFL career, an EMG at that time showed bilateral carpal tunnel syndrome but no evidence of radiculopathy cervical or lumbar. (pg. 42). I was unable to find any evidence of any MRIs the cervical spine during his NFL career or reports of radiculopathy.

Currently, he reports from and the neck down the arms into the fingers. He reports has improved since he has had his carpal tunnel surgery on both hands.

Lumbar Spine

During his NFL career Mr. Loper reports he sustained sprains and strains of his lumbar spine. The plan records do document a lumbar facet syndrome 8/18/11 for which he missed one practice. (pg. 55-57, 128-129) I can find no MRI or documentation of radiculopathy during his NFL career. He has had a recent MRI of the lumbar spine 8/29/17. This MRI documented an L5-S1 herniation with moderate left foraminal stenosis. (pg15-16)

Currently he reports right leg and bilateral buttock pain when sitting or standing too long. He denies loss of bowel or bladder control.

Bilateral Shoulders

Right shoulder

Mr. Loper reports right shoulder contusions and strains during his NFL career. There is documentation of a subscapularis sprain on the right 8/2/05. (pg.117-122). He also had AC joint inflammation 8/22/05 which resolved 4 days later. (pg.48-50, 78-79). He has a recent MRI of the right shoulder on 8/29/17. This MRI shows moderate AC arthrosis, mild bursitis, posterior labral fraying with posterior humeral head subluxation and chondral degeneration of the humeral head. (pg.17-18)

Currently he is experiencing difficulty reaching in a cabinet is painful. Particularly he has difficulty with overhead activities.

Left shoulder

Mr. Loper reports left shoulder contusions and strains during his NFL career. There is documentation of a left acromioclavicular contusion which occurred on 11/27/08 and 8/20/11. (pg. 52,54.101). There is documentation on a preseason physical of a left shoulder subluxation. (pg.46). A recent MRI 8/29/17 showed AC arthrosis and posterior subluxation as well as labral degeneration. He underwent an arthroscopic anterior inferior and superior labral repair and subacromial decompression, distal clavicle excision by Dr Burton Elrod on 7/17/18. (pg.51-52 appeal letter 5/24/21)

Currently he reports his pain is better, but he still experiences pain with overhead activities.

Left wrist

Mr. Loper has a history of a TFCC tear in the left wrist in 2006 during his NFL career. (pg. 41, 70-73) He has an MRI dated 4/24/06 this shows a tear of the TFCC. (pg. 29-30). He was asymptomatic and therefore elected nonoperative management of the injury.

Currently he has occasional crepitation and pain in the left wrist. This does not affect his activities of daily living.

Bilateral Hands

Since his NFL career He has had both carpal tunnels released due to carpal tunnel syndrome. The left was released on 1/9/20 by Dr Dovan. (pg.2-3). The right was released 8/28/20. (pg. 82-83 appeal letter 5/24/21). I can find no documentation of carpal tunnel symptoms or EMG of the hands during his NFL career in the plan records.

Left Leg

Mr. Loper has a history of a fasciotomy of the left lower leg for exertional compartment syndrome 6/25/08. (pg. 4-10)

Currently, he notes paresthesia over the lateral lower leg that does not radiate to the foot.

He has a history of a lacerated spleen which was treated nonoperatively.

In preparation for this dictation, I reviewed 187 pages of medical records there were duplicate pages after page 146. I received an additional 20 pages of an application for line of duty benefit. There was a 2 page appointment letter. There was an appeal letter that was 139 pages. I also received a neutral orthopedic report that was 7 pages.

Past medical history: HTN, stomach pain, numbness in the fingers B and left lower leg, depression

Past surgical history: see above

Allergies: no known drug allergies

Social history: He is a non-smoker; he reports he does drink social. He is married. He owns a construction company.

Review of systems: noncontributory

Medications: none reported

Physical Exam:

This is a well appearing 39-year-old who answers questions appropriately with a normal mood and affect. He was resting comfortably throughout the interview. He is well developed. He cooperated through the exam.

He is 6'6" and 315 pounds.

Cervical spine:

Decreased extension, full flexion and rotation

Pain with spurling to the right

5/5 motor B UE

Sensory intact distally

DTR B symmetric

Thoracic spine: WNL

Lumbar spine:

FROM

Negative seated and supine SLR

5/5 motor B LE

DTR B symmetric

Sensory paresthesia left lateral lower leg

Pelvis: WNL

DL-00590

Bilateral shoulders:

Right shoulder

No sternoclavicular or acromioclavicular tenderness to palpation.

Positive Neer and Hawkins impingement.

ROM - FF150, ER 60, IR L1, Abd 100

5/5 rotator cuff strength

Negative apprehension and relocation

+ posterior load shift

Left shoulder

No sternoclavicular or acromioclavicular tenderness to palpation.

+ Neer and Hawkins impingement

ROM – FF140, ER 40, IR L1, Abd 90

5/5 rotator cuff strength

Negative apprehension and relocation

Negative Posterior load shift

Bilateral elbows: WNL

Bilateral wrists: WNL

Bilateral hands:

Left Hand

Healed CTR incision

Boutonniere deformity small finger

FROM

Sensation intact

Right Hand

Well healed CTR incision

FROM

Sensation intact

Bilateral hips: WNL

R knee:

No effusion

0-130

Stable to Lachman, posterior drawer, varus and valgus stress

Mild MJLT, no LJLT

L knee:

No effusion

0-130

Stable to Lachman, posterior drawer, varus and valgus stress

mild medial or no lateral joint line tenderness to palpation

Bilateral ankle:

Mild lateral laxity

No effusion

FROM

Left lower leg

Well healed fasciotomy incisions

Paresthesia lateral lower leg

No fascial herniations appreciated

DL-00592

Bilateral feet: WNL

Bilateral great toes: WNL

X-rays ordered obtained and read in the office today

1. C-Spine- AP, Lateral - bifid spinous processes C2-5, Lat – C6-7 disc space narrowing with posterior osteophyte, C4 anterior spurring
2. L-Spine – AP, Lat – AP normal alignment, Lat- L1-2 anterior osteophyte, normal lordosis
3. Bilateral shoulders

R shoulder

AP, scapular Y, Axillary.

There is a normal glenohumeral joint. Normal acromioclavicular joint. Normal acromiohumeral interval. On the scapula Y view there is a type 2 acromion. On the axillary view there is normal glenohumeral joint, mild anterior subluxation.

Left shoulder

There is a normal glenohumeral joint. There is acromioclavicular joint narrowing. On the scapula Y view there is a type 1 acromion. On the axillary view there is normal glenohumeral joint.

Left wrist- AP, Lat, Oblique

WNL

Impression:

1. C-Spine – sprains and strains during then NFL career, no documented EMG or MRI of a disc or radicular complaints. No rating.
2. L-Spine – Facet syndrome during his NFL career however no documented EMG or MRI of disc herniation and no documentation of radiculopathy. No rating.

DL-00593

3. Bilateral shoulders

Right shoulder- documented injuries during his NFL career of a subscapularis strain and AC inflammation. MRI documenting labral pathology and posterior subluxation of the shoulder. Currently evidence of symptomatic instability of the shoulder – positive posterior load shift. Rating can be found in the plan report sheet.

Left shoulder- Documented contusions of the shoulder during his NFL career, as well as, subluxation. Documented surgery on 7/17/18. Labral repair, SAD, DCE. Ratings can be found in the plan record.

4. Left wrist

Documented TFCC tear. Minimally symptomatic. The TFCC tear was treated without surgery. No rating.

5. Bilateral Hands

Bilateral carpal tunnel release post NFL career. I can find no evidence his NFL career significant contributed to his carpal tunnel syndrome. No rating.

6. Left Leg

Exertional compartment syndrome of the left leg during his NFL career. He underwent fasciotomy. Rating can be found in the plan rating sheets.

Ratings can be found in the plan records.

Marcus Peter Cook MD

DL-00594



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

Via Email

July 30, 2021

Mr. Daniel Loper



Re: NFL Player Disability, Neurocognitive & Death Benefit Plan—Opportunity to Review and Respond to Neutral Physician Report

Dear Mr. Loper:

Enclosed please find a copy of the report provided by the Plan's neutral physician following your evaluation. The report will be added to your file and provided to the Disability Board for review as it decides your pending appeal.

You have the right to respond to the report before the Disability Board makes a final decision. Please inform the NFL Player Benefits Office by **August 9, 2021** whether you intend to do so.

If you do not intend to respond to the report, you only need to tell the NFL Player Benefits Office that is your intention.

If you intend to respond to the report, you must inform the NFL Player Benefits Office by August 9, 2021. Then, you should submit your response by August 27, 2021, or you should let us know by that date that you will need additional time to respond.

Your decision to submit a response may impact the timing of the Disability Board's decision on your appeal.

- Currently, your appeal is set to be presented to the Disability Board at its next quarterly meeting on August 18, 2021.
- If you do not intend to respond to the report and you notify us accordingly, we will present your appeal to the Disability Board for a final determination on August 18, 2021, as currently anticipated. If you do not notify us of your intentions by August 9, 2021, we will assume that you do not intend to respond to the report, and we will present your appeal on August 18, 2021. In either case, you should expect to receive a final decision on your appeal shortly following that meeting.

DL-00595

- If you want to respond to the report, we will present your response along with your appeal at the Disability Board's meeting in November 2021, assuming no additional evidence or information requiring a response from you becomes available prior to that meeting. You should expect to receive a final decision on your appeal shortly following that meeting.

You may contact the NFL Player Benefits Office with any questions or concerns you might have. Please be advised, however, that NFL Player Benefits Office staff are not able to discuss the meaning or significance of the enclosed Plan neutral report, because they do not know whether or how the report might impact the Disability Board's ultimate decision.

Sincerely,

Elise Richard

Elise Richard
Benefits Coordinator

Enclosure

cc: Samuel Katz

DL-00596



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
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PHYSICIAN REPORT FORM - ORTHOPEDICS

LINE-OF-DUTY DISABILITY BENEFITS

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Player Name: Daniel Loper DOB: [REDACTED] Phone: [REDACTED]
 Player's address: [REDACTED]
 Player's Credited Seasons: 2005-2012 (8)
 Claimed impairments: See application

- Did you receive records for this ☒ **YES** ☐ **NO** If so, how many pages? 355
- Did you evaluate the Player? ☒ **YES** ☐ **NO** If so, 07/20/2021
- Have you or your colleagues ever treated the Player previously? ☐ **YES** ☒ **NO**
- For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

SHOULDER

LEFT SHOULDER

Impairment	Occur.	Points	Cause	Comments
S/P Subacromial Decompression	1	1	<input type="checkbox"/> Illness <input type="checkbox"/> Other- <u> </u> <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	7/17/18 pg 51-52 appeal letter

S/P Lateral Clavicle Resection	1	2	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	7/17/18 pg 51-52 appeal letter
S/P Arthroscopic Stabilization Procedure with or without SLAP Repair	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	7/17/18 pg 51-52 appeal letter

LEFT SHOULDER POINTS TOTAL: 6

RIGHT SHOULDER

Impairment	Occur.	Points	Cause	Comments
Symptomatic Shoulder Instability	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	MRI documented posterior subluxation on MRI pg.17-18

RIGHT SHOULDER POINTS TOTAL: 3

Impairments

LEFT SHOULDER POINTS TOTAL: 6

RIGHT SHOULDER POINTS TOTAL: 3

Impairments Total 9

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ or part of the central nervous system**? ☐ YES ☒ NO

If you checked YES:

Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment.

Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES ☐ NO

6. Do you have any additional remarks?

Please provide the required narrative report with this form.

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

Marcus Cook

Signature

07/29/2021

Date

Comments

Marcus Cook: Physician has submitted the eForm for player DANIEL,LOPER application id 221899 Please review
07/26/2021 10:22 PM

Sam Vincent: The PRF lists "pg 35" for the 7/17/2018 procedure, then the narrative lists page 51-52 for the same procedure.
Please review and update the appropriate page numbers. 07/28/2021 09:37 AM

PRF - Daniel Loper
rev. 07/2021

Dr. Marcus Cook

DL-00599

NFL IME

DOS 07/20/2021

Daniel Loper

DOB 

Examiner: Marcus Cook M.D.

Mr. Loper comes in today for line of duty evaluation.

Mr. Loper played college football as an offensive lineman at Texas Tech from 2000 - 2004. He played for the Tennessee Titans from 2005-2008. He then went to Detroit 2009. He then went to Oakland for the 2010 season. He finished his career at Dallas in 2011.

Problem list:

1. C-Spine
2. L-Spine
3. Bilateral shoulders
4. Left wrist
5. Bilateral Hands
6. Left Leg

Plan Records Review:

C-Spine

During his NFL career Mr. Loper reports he sustained sprains and strains of his cervical spine. In the plan records there is documentation of a cervical spine strain 9/28/08, a strain 11/25/08. (pg. 101,103) He later underwent an MRI of the cervical spine August 29, 2017. This MRI revealed a C6 -7 herniation with moderate spinal stenosis at that level. There was moderate bilateral foraminal stenosis at C 5-6. (pg.13-14). He was evaluated by Dr. Strickland 4/10/2018, after his NFL career, an EMG at that time showed bilateral carpal tunnel syndrome but no evidence of radiculopathy cervical or lumbar. (pg. 42). I was unable to find any evidence of any MRIs the cervical spine during his NFL career or reports of radiculopathy.

Currently, he reports from and the neck down the arms into the fingers. He reports has improved since he has had his carpal tunnel surgery on both hands.

DL-00600

Lumbar Spine

During his NFL career Mr. Loper reports he sustained sprains and strains of his lumbar spine. The plan records do document a lumbar facet syndrome 8/18/11 for which he missed one practice. (pg. 55-57, 128-129) I can find no MRI or documentation of radiculopathy during his NFL career. He has had a recent MRI of the lumbar spine 8/29/17. This MRI documented an L5-S1 herniation with moderate left foraminal stenosis. (pg15-16)

Currently he reports right leg and bilateral buttock pain when sitting or standing too long. He denies loss of bowel or bladder control.

Bilateral Shoulders

Right shoulder

Mr. Loper reports right shoulder contusions and strains during his NFL career. There is documentation of a subscapularis sprain on the right 8/2/05. (pg.117-122). He also had AC joint inflammation 8/22/05 which resolved 4 days later. (pg.48-50, 78-79). He has a recent MRI of the right shoulder on 8/29/17. This MRI shows moderate AC arthrosis, mild bursitis, posterior labral fraying with posterior humeral head subluxation and chondral degeneration of the humeral head. (pg.17-18)

Currently he is experiencing difficulty reaching in a cabinet is painful. Particularly he has difficulty with overhead activities.

Left shoulder

Mr. Loper reports left shoulder contusions and strains during his NFL career. There is documentation of a left acromioclavicular contusion which occurred on 11/27/08 and 8/20/11. (pg. 52,54.101). There is documentation on a preseason physical of a left shoulder subluxation. (pg.46). A recent MRI 8/29/17 showed AC arthrosis and posterior subluxation as well as labral degeneration. He underwent an arthroscopic anterior inferior and superior labral repair and subacromial decompression, distal clavicle excision by Dr Burton Elrod on 7/17/18. (pg.51-52 appeal letter 5/24/21)

Currently he reports his pain is better, but he still experiences pain with overhead activities.

Left wrist

Mr. Loper has a history of a TFCC tear in the left wrist in 2006 during his NFL career. (pg. 41, 70-73) He has an MRI dated 4/24/06 this shows a tear of the TFCC. (pg. 29-30). He was asymptomatic and therefore elected nonoperative management of the injury.

Currently he has occasional crepitation and pain in the left wrist. This does not affect his activities of daily living.

Bilateral Hands

Since his NFL career He has had both carpal tunnels released due to carpal tunnel syndrome. The left was released on 1/9/20 by Dr Dovan. (pg.2-3). The right was released 8/28/20. (pg. 82-83 appeal letter 5/24/21). I can find no documentation of carpal tunnel symptoms or EMG of the hands during his NFL career in the plan records.

Left Leg

Mr. Loper has a history of a fasciotomy of the left lower leg for exertional compartment syndrome 6/25/08. (pg. 4-10)

Currently, he notes paresthesia over the lateral lower leg that does not radiate to the foot.

He has a history of a lacerated spleen which was treated nonoperatively.

In preparation for this dictation, I reviewed 187 pages of medical records there were duplicate pages after page 146. I received an additional 20 pages of an application for line of duty benefit. There was a 2 page appointment letter. There was an appeal letter that was 139 pages. I also received a neutral orthopedic report that was 7 pages.

Past medical history: HTN, stomach pain, numbness in the fingers B and left lower leg, depression

Past surgical history: see above

Allergies: no known drug allergies

Social history: He is a non-smoker; he reports he does drink social. He is married. He owns a construction company.

Review of systems: noncontributory

Medications: none reported

Physical Exam:

This is a well appearing 39-year-old who answers questions appropriately with a normal mood and affect. He was resting comfortably throughout the interview. He is well developed. He cooperated through the exam.

He is 6'6" and 315 pounds.

Cervical spine:

Decreased extension, full flexion and rotation

Pain with spurling to the right

5/5 motor B UE

Sensory intact distally

DTR B symmetric

Thoracic spine: WNL

Lumbar spine:

FROM

Negative seated and supine SLR

5/5 motor B LE

DTR B symmetric

Sensory paresthesia left lateral lower leg

Pelvis: WNL

DL-00603

Bilateral shoulders:

Right shoulder

No sternoclavicular or acromioclavicular tenderness to palpation.

Positive Neer and Hawkins impingement.

ROM - FF150, ER 60, IR L1, Abd 100

5/5 rotator cuff strength

Negative apprehension and relocation

+ posterior load shift

Left shoulder

No sternoclavicular or acromioclavicular tenderness to palpation.

+ Neer and Hawkins impingement

ROM – FF140, ER 40, IR L1, Abd 90

5/5 rotator cuff strength

Negative apprehension and relocation

Negative Posterior load shift

Bilateral elbows: WNL

Bilateral wrists: WNL

Bilateral hands:

Left Hand

Healed CTR incision

Boutonniere deformity small finger

FROM

Sensation intact

DL-00604

Right Hand

Well healed CTR incision

FROM

Sensation intact

Bilateral hips: WNL

R knee:

No effusion

0-130

Stable to Lachman, posterior drawer, varus and valgus stress

Mild MJLT, no LJLT

L knee:

No effusion

0-130

Stable to Lachman, posterior drawer, varus and valgus stress

mild medial or no lateral joint line tenderness to palpation

Bilateral ankle:

Mild lateral laxity

No effusion

FROM

Left lower leg

Well healed fasciotomy incisions

Paresthesia lateral lower leg

No fascial herniations appreciated

DL-00605

Bilateral feet: WNL

Bilateral great toes: WNL

X-rays ordered obtained and read in the office today

1. C-Spine- AP, Lateral - bifid spinous processes C2-5, Lat – C6-7 disc space narrowing with posterior osteophyte, C4 anterior spurring
2. L-Spine – AP, Lat – AP normal alignment, Lat- L1-2 anterior osteophyte, normal lordosis
3. Bilateral shoulders

R shoulder

AP, scapular Y, Axillary.

There is a normal glenohumeral joint. Normal acromioclavicular joint. Normal acromiohumeral interval. On the scapula Y view there is a type 2 acromion. On the axillary view there is normal glenohumeral joint, mild anterior subluxation.

Left shoulder

There is a normal glenohumeral joint. There is acromioclavicular joint narrowing. On the scapula Y view there is a type 1 acromion. On the axillary view there is normal glenohumeral joint.

Left wrist- AP, Lat, Oblique

WNL

Impression:

1. C-Spine – sprains and strains during then NFL career, no documented EMG or MRI of a disc or radicular complaints. No rating.
2. L-Spine – Facet syndrome during his NFL career however no documented EMG or MRI of disc herniation and no documentation of radiculopathy. No rating.

DL-00606

3. Bilateral shoulders

Right shoulder- documented injuries during his NFL career of a subscapularis strain and AC inflammation. MRI documenting labral pathology and posterior subluxation of the shoulder. Currently evidence of symptomatic instability of the shoulder – positive posterior load shift. Rating can be found in the plan report sheet.

Left shoulder- Documented contusions of the shoulder during his NFL career, as well as, subluxation. Documented surgery on 7/17/18. Labral repair, SAD, DCE. Ratings can be found in the plan record.

4. Left wrist

Documented TFCC tear. Minimally symptomatic. The TFCC tear was treated without surgery. No rating.

5. Bilateral Hands

Bilateral carpal tunnel release post NFL career. I can find no evidence his NFL career significant contributed to his carpal tunnel syndrome. No rating.

6. Left Leg

Exertional compartment syndrome of the left leg during his NFL career. He underwent fasciotomy. Rating can be found in the plan rating sheets.

Ratings can be found in the plan records.

Marcus Peter Cook MD

DL-00607

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SAMUEL KATZ, ESQ.
Managing Partner, Athlaw LLP
8383 Wilshire Blvd. Suite 800
Beverly Hills CA 90211
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October 25, 2021

NFL DISABILITY BOARD
NFL Player Disability & Neurocognitive Benefit Plan
200 Saint Paul St., Ste. 2420
Baltimore, MD 21202

Re: DANIEL LOPER'S RESPONSE

Dear ERISA Administrator:

Humbly, Mr. Daniel Loper respectfully responds to the NFL Board's inadequate reports from the NFL Board's retained doctors that unfortunately, failed to apply the Plan's plain language while favoring an *absence* of evidence over objective evidence. Thus, these NFL Board commissioned reports containing both medical conflicts and ambiguities are inadequate as substantial evidence to justify a denial in accordance with E.R.I.S.A.'s requirement of a full and fair review.¹

Accordingly, Mr. Loper kindly requests that the Board award at least an additional two (2) Points for the left wrist "S/P Carpal Tunnel Release" occurrence that he deserves, or in the alternative, Mr. Loper respectfully requests a Medical Advisory Physician ("MAP") evaluation²

¹ E.R.I.S.A. and the Department of Labor regulations provide "... additional protections for a fair process includ[ing] the right of claimants to respond to new and additional evidence and rationales and the requirement for independence and impartiality of the persons involved in making benefit determinations."

² "If three or more voting members of the Disability Board conclude that *a medical issue exists* as to whether a Player qualifies for a benefit under this Plan (*such as where physician reports are in conflict or ambiguous*...) such members may submit such issue to a Medical Advisory Physician for a final and binding determination regarding such medical issues." Plan Section 9.3(a) (emphasis added). Since the National Football League Players Association was established in 1956, the NFLPA has remained one of the most respected unions in the world. Led by Executive Director

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to ensure fairness, accuracy, avoid discrepancies and contradictions, and preserve Board consistency with the plain terms of the Plan. After all, as Mr. Michael Junk has masterfully explained:

[C]onsistence is one the *[sic]* of the hallmarks of reasonableness....³

Hudson v. NFL Management Council, Civ. Action No. 1:18-cv-04483 (filed 05/22/18).

Here, Mr. Loper deserved at least **two (2) additional Points** for his Left *Wrist* Impairment, **“S/P Carpal Tunnel Release.”** (emphasis added) LOD Points Index., *Wrist Impairment*. According to the Plan, a Player will be awarded two (2) Points for each permanent occurrence arising out of League football activities of a Left Wrist Impairment: **“S/P Carpal Tunnel Release.”**

<u>Wrist Impairment</u>	<u>Point Value</u>
S/P Carpal Tunnel Release	2

NFL Player Disability & Neurocognitive Benefit Plan.

Pursuant to the Plan:

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.

DeMaurice Smith, the NFLPA has demonstrated that it will do whatever is necessary to assure that the rights of Players are protected, and a willingness to do whatever is necessary for the betterment of its members.

³ *Accord Brumm v. Bert Bell NFL Ret. Plan*, 995 F.2d 1433, 1440 (8th Cir. 1993) (“Most compelling, perhaps, [...] is [...] [w]hether the Plan interpretation is contrary to the Plan’s clear language.”).

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2. A Player is awarded points for a surgical procedure **if the record includes an operative report for the qualifying procedure** or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers' compensation, should not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities.

...

4. If an injury or surgery is not listed in the Point System, no points should be awarded.

Plan - 4th Amendment.

Here, Mr. Loper's record included his left wrist operative report for "Left carpal tunnel release" which "related to League football activities" because the administrative record included multiple documented left wrist injuries with the Tennessee Titans. Titans Left Wrist Injury Report Dated April 27, 2006; Titans Left Wrist Injury Report Dated November 16, 2006; Titans Left Wrist Injury Report Dated May 18, 2006.

PROCEDURE PERFORMED: Left carpal tunnel release.

Left Wrist Operative Report Dated January 9, 2020.

Furthermore, the NFL Disability Board's Medical Advisory Physician, Dr. Shah, reviewed "Daniel Loper's application and records" and decided that Mr. Loper "has **reached MMI for his carpal tunnel release surgery.**"

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From: [Aakash Shah](#)
To: [Emily Parks](#)
Subject: Re: Daniel Loper
Date: Thursday, March 5, 2020 10:43:27 AM

Yes. This player has reached MMI for his carpal tunnel release surgery.

< Aakash A. Shah >

On Mar 5, 2020, at 8:03 AM, Emily Parks <eparks@nflpb.org> wrote:

Hi Dr. Shah,

I am going to send you a link for Daniel Loper's application and records. He had a recent surgery in January. Can you let me know if he has reached MMI?

Thanks,

Emily Parks Benefits Coordinator
Phone 443.769.1415 Fax 410.783.0041



NFL Player Benefits Office

200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

[MAP Dr. Shah Email, Administrative Record at 1107](#) (conceding obvious occurrence of Mr.

Loper's S/P Carpal Tunnel Release).

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Additionally, Mr. Loper kindly submits new documented evidence of NFL relationship. New Documented Evidence of NFL Relationship.

Unfortunately, the NFL Disability Board's hired physicians ignored the plain language of the Plan and instead, they took it upon themselves to create their own arbitrary standards to the detriment of Mr. Loper in violation of E.R.I.S.A.'s requirements. "Where the Trustees impose a standard not required by the ... [P]lan itself, ... such action 'would result in an unwarranted and arbitrary construction of the Plan.'" Richardson v. Cent. States, Southeast & Southwest Areas Pension Fund, 645 F.2d 660, 664-665 n.4 (8th Cir. 1981). First, Dr. David Apple conceded that factually and legally, Mr. Loper was entitled to an occurrence of "S/P Carpal Tunnel Release" because Mr. Loper did, in fact, undergo surgery for a "Carpal Tunnel Release". Dr. Apple PRF.

LEFT WRIST

Impairment	Occur.	Points	Cause	Comments
S/P Carpal Tunnel Release	1	2	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input type="checkbox"/> NFL football <input checked="" type="checkbox"/> Unknown	Surgery occurred after NFL career

LEFT WRIST POINTS TOTAL:

0

Dr. Apple PRF.

"[A]mbiguous" is defined as "unclear or inexact because a choice between alternatives has not been made." Oxford Languages Dictionary. Furthermore, "unknown" is defined as "not known or familiar." Id. Here, an ambiguity exists as to the "Cause" of Mr. Loper's "S/P Carpal Tunnel Release" "Impairment" because when presented with "a choice between alternatives" of "Illness", "NFL football", or "Other", Dr. Apple did "not known or [was] familiar [with]" the material modification to the Plan nor Mr. Loper's documented NFL left wrist injuries and

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documented relationship, and marked “Unknown”, indicating that the “Cause” of “Impairment” is “unclear or inexact because a choice between [the] alternatives [could] not [be] made,” and is thus, “ambiguous.” Dr. Apple PRF.

However, although Dr. Apple, while failing to state any other plausible cause outside of League football activities, conclusively asserted that the cause was “Unknown” because the “[s]urgery occurred after NFL career”, **Dr. Apple was apparently unaware that a material modification to the Disability Plan clarifies that Players who apply after April 1, 2019 may receive points for surgeries that occurred prior to their deadline to apply for Line-Of-Duty.** There is nothing in the Plan that would prohibit Mr. Loper from receiving these two (2) additional Points as a result of the surgery occurring after his NFL career that arose from League football activities, including, “He lost his balance and fell on an outstretched wrist”, “wrist sprain”, “he is having trouble . . . of the wrist”, wrist “is unstable”, “tear on the left” wrist, and he injured his wrist in the NFL “on the left side. He has been in the splint for three weeks. We took him out today. He is still tender and unstable. It is not clear to me that this is going to heal.” Titans Left Wrist Injury Report Dated April 27, 2006; Titans Left Wrist Injury Report Dated November 16, 2006; Titans Left Wrist Injury Report Dated May 18, 2006; See also New Documented Evidence of NFL Relationship. To the contrary, his deadline to apply for Line-Of-Duty was August 31, 2020 and this surgery occurred well *prior to that* on January 9, 2020.

As a result, “a ‘reasoning mind’ would not accept the... report[] of [Dr. Apple] as ‘sufficient to support a particular conclusion [about whether his S/P Carpal Tunnel Release arose

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out of League football activities].”⁴ Stewart v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, No. WDQ-09-2612 2012 U.S. DIST. WL 2374661, at (N.D. Md. June 19, 2012); *see also* Dimry I (“The problem is that the Board denied benefits based upon an unreasonable bias in favor of Plan-selected physicians. **Although the Board noted ‘potentially conflicting medical evidence contained in the record,’ it did not resolve the conflicts by examining the evidence or delving into the record before it.** It simply adopted the opinions of its retained physicians by default. The Board underscored the reflexive and non-discretionary quality of this action by stating that it ‘uniformly’ accepts and relies upon the reports of its retained doctors.... But it was not entitled to decide a benefits claim by a mere default to a Plan-selected physician. That is the abandonment of discretion, not the exercise of it.” (emphasis added).)

Additionally, NFL Disability Board hired Orthopedist, Dr. Cook acknowledged numerous times in his own narrative report that Mr. Loper sustained an occurrence of “S/P Carpal Tunnel Release”. Dr. Cook PRF. However, **conflictingly, he failed to even address this “S/P Carpal Tunnel Release” occurrence at all in the PRF** that required, by the plain terms of the Plan, for him to mark one (1) occurrence of a Left Wrist “S/P Carpal Tunnel Release”. *Compare* Dr. Cook Narrative Report at 3 (“Since his NFL career He has had both carpal tunnels released”) *with* Dr. Cook PRF (omitting any mention *at all* of a S/P Carpal Tunnel Release occurrence while awarding 9 Points for the occurrences of other clear impairments including Shoulder impairment Points for surgery(ies) occurring after NFL career but prior to LOD deadline).

⁴ Indeed, by demonstrating such gross incompetence at 85-years-old, time and time again, any reasonable mind should wonder whether Dr. David Apple has simply lost his touch and ability to follow the rules, or whether the \$2,330,661 that Dr. Apple has received from the NFL Disability Board over 11 years has created a significant financial conflict of interest responsible for such reckless unfavorable reports such as Mr. Loper’s.

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Although “Plan administrator’s ... may not arbitrarily refuse to credit a claimant’s reliable evidence[,]” Nord 538 U.S. at 834, by ignoring the unambiguous objective evidence of Mr. Loper’s documented left wrist injury that even Dr. Cook himself acknowledges in his own report, Dr. Cook Report (“Mr. Loper has a history of a TFCC tear in the left wrist in 2006 during his NFL career. (pg. 41, 70-73) He has an MRI dated 4/26/06 this shows a tear of the TFCC. (pg. 29-30)”), Dr. Cook “arbitrarily refused to credit [Mr. Loper’s] reliable evidence.” *See also* Cook Report (injury to “Left wrist Documented”). Although Mr. Loper produced uncontradicted objective evidence demonstrating a documented left wrist injury in the NFL⁵, neither Dr. Apple⁶, nor Dr. Cook explained or discussed any other possible contributing factor that Mr. Loper’s “S/P Carpal Tunnel Release” could have plausibly arisen out of outside of League football activities. *See Gorski v. ITT Long Term Disability* (4th Cir. 2008) (because a doctor had “never explained on what basis he doubted” the plaintiff’s disability, his report was “an unreasoned and unexplained rejection of the objective evidence in the record”); *e.g.*, Stewart v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, No. WDQ-09-2612 2012 U.S. DIST. WL 2374661, at (N.D. Md. June 19, 2012) (“The Board failed to apply a reasoned and principled decision-making process as required by the Plan” because “the Board simply accepted those opinions without adequate explanation” when Board hired physician “merely provided conclusive assertions”, “did not explain how he reached his conclusion”, and “the absence of any explanation made Dr.’s [] opinion an insufficient basis for

⁵ Titans Left Wrist Injury Report Dated April 27, 2006 (“He lost his balance and fell on an outstretched wrist”, “wrist sprain”, “he is having trouble ... of the wrist.”).

⁶ Indeed, although Dr. Apple claims to have reviewed Mr. Loper’s medical records, that claim is belied by the administrative record. Dr. Apple omitted entirely from his report that Mr. Loper suffered a documented left wrist injury in the NFL for which he received treatment.

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denying...”). In the face of a documented left wrist injury in the NFL, in addition to the documented and objective “combination” of NFL wrist trauma in the administrative record arising out of League football activities, the ***absence*** of any evidence that Mr. Loper’s wrist impairment arose out of something *other than* League football activities cannot be substantial evidence to justify a denial.

While the NFL Board may attempt to defend their allegedly neutral doctor’s arbitrary conclusive assertions here by claiming these “physicians are specialists in the medical field encompassing [his] claimed impairments, and they have *experience* evaluating Players and other professional athletes”, such experience is meaningless if they fail to apply the rules, and instead create their own standards to the detriment of Players, and in direct contravention of the goals of both the Plan⁷, and E.R.I.S.A.⁸ Stewart v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, No. WDQ-09-2612 2012 U.S. DIST. WL 2374661, at (N.D. Md. June 19, 2012) (finding “experience...insufficient bases for the Board’s decision”).

The evident conflicts in the administrative record and Dr. Apple’s conceded “**unknown**” (i.e., ambiguity(ies)), have deprived Mr. Loper of the full and fair review that he is promised under E.R.I.S.A. Respectfully, the Board should either reasonably award Mr. Loper the two (2) Points he clearly deserves for at least his left wrist impairment (in addition to the other 9 Points he was awarded by Dr. Cook), or send Mr. Loper to a MAP evaluation for a final and binding decision on this medical discrepancy.

⁷ The goal of the ERISA regulated NFL Benefits Plan is “to take care of eligible players as part of their compensation for investing themselves in sports ...” Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433, 1439 (8th Cir. 1993).

⁸ Congress enacted ERISA “to promote the interests of employees and their beneficiaries in employee benefit plans, and to protect contractually defined benefits.” Firestone Tire & Rubber Co. v. Bruch, 489 U.S. 101, 113 (1989).

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Sincerely,

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SAMUEL KATZ, ESQUIRE

Player: Daniel Loper
DOB: [REDACTED] (39)
Seasons: 2005-2012 (Vested)
Application: LOD
Application Received: 3/3/20
NFL Contract Ended: 8/31/12
LOD Application Deadline: 8/31/20
Alleged Impairments: orthopedics
No of Board Meeting: 2nd
Prior History: LOD appeal denied 2/14/19 (neutral rule)

On his application, Player checks that he underwent surgery for a left wrist carpal tunnel release on 1/9/20. By email received 3/5/20, Medical Director Dr. Shah opines that Player has reached MMI.

With Player's application, Player's representative submits an LOD Point summary and 187 pages of medical records:

6/25/08	Operative report (left leg fasciotomy) [4-10]
1/9/20	Operative report (left wrist carpal tunnel release) [2-3]

	Diagnostic Imaging Studies [11-30]
	PRFs from previous LOD application [32-44]
	Advanced Physicians orthopedic evaluation report [133-145]
	Club Records [45-132]
	Duplicates/blank pages [146-187]

By report dated 1/5/21, neutral orthopedist Dr. Apple assigns 3 points and notes that "Player had a compartment release of the left calf but there are no points awarded for this procedure."

On 1/22/21, the Committee denies LOD (neutral rule).

By letter received 5/24/21, Player's attorney, Sam Katz, appeals the denial [2-23] and submits additional medical records in support of Player's appeal:

7/17/18	Operative report (left shoulder arthroscopy – labral repair, rotator cuff debridement, Subacromial decompression) [51-52]
11/14/18	Dr. Glenn Perry's report (6 points) [24-28]
4/12/18	Dr. Herndon Murray's report (6 points) [30-37]
1/5/21	Dr. David Apple's report (3 points) [53-60]
	Club records [39-52; 62-139]

By report dated 7/29/21, neutral orthopedist Dr. Cook assigns 9 points.

By letter dated 7/30/21, the NFL PBO provides Player and Katz with Dr. Cook's report, informs Player of his right to respond before the appeal is presented to the Disability Board, and asks to notify the NFL PBO whether he plans to respond within 10 days. By letter dated 10/25/21, Katz "respectfully responds to the NFL Board's inadequate reports from the NFL Board's retained doctors that unfortunately, failed to apply the Plan's plain language while favoring an absence of evidence over objective evidence." Katz requests a MAP evaluation "to ensure fairness, accuracy, avoid discrepancies and contradictions..." or to award Player 2 points for his left wrist impairment (in addition to the other 9 points he was awarded by Dr. Cook." In support of his argument, Katz submits a video footage of a football game with Player's participation.

	Dr. David Apple DICC 1/5/21	Dr. Marcus Cook APPEAL 7/29/21
Ortho Total Points	3 Points	9 Points
	Left Shoulder – Symptomatic Shoulder Instability – 3 points	Left Shoulder – Symptomatic Shoulder Instability – 3 points
		Left Shoulder – S/P Subacromial Decompression – 1 point
		Left Shoulder – S/P Lateral Clavicle Resection – 2 points (7/17/18; pages 51-52 of appeal letter)
		Left Shoulder – S/P Lateral Clavicle Resection – 3 points (7/17/18; pages 51-52 of appeal letter)
	Left Wrist – S/P Carpal Tunnel Release – Not NFL Related	

THIS IS A SUMMARY ONLY. The administrative record compiled in conjunction with this claim has been made available and should be reviewed prior to making a final determination on the Player's claim for benefits.



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

Via Federal Express

November 15, 2021

Mr. Daniel Loper

Re: NFL Player Disability & Neurocognitive Benefit Plan—Final Decision on Review

Dear Mr. Loper:

On November 10, 2021, the Disability Board of the NFL Player Disability & Neurocognitive Benefit Plan ("Plan") considered your appeal from the earlier denial of your application for line-of-duty disability ("LOD") benefits. We regret to inform you that the Disability Board denied your appeal. This letter describes the Disability Board's decision; it identifies the Plan provisions on which the decision was based; and it explains your legal rights.

Discussion

The Plan provides LOD benefits to Players who, in addition to other requirements, have incurred a "substantial disablement" "arising out of League football activities." The Plan defines these terms and requires that at least one Plan neutral physician must find that the Player meets this standard in order to be eligible for LOD benefits (see enclosed Plan Section 5.1(b)).

On March 3, 2020, the Plan received your completed application for LOD benefits, which was based on orthopedic impairments and was accompanied by a summary of impairments and 187 pages of medical records.

As you know, on January 22, 2021, the Disability Initial Claims Committee ("Committee") denied your application after reviewing your file and concluding that you are ineligible for LOD benefits. In making its determination, the Committee relied on the findings of Plan neutral orthopedist Dr. David Apple, who is a specialist in the medical field of your claimed impairments. After reviewing your records and evaluating you, Dr. Apple assigned you 3 points under the Plan's Point System for Orthopedic Impairments (less than the 10 points required for a "substantial disablement" within the meaning of Section 5.5(a)(4)(B) of the Plan) in the case of applications received before April 1, 2020. Based on this conclusion, the Committee denied your application under Plan Section 5.1(b) because no Plan neutral physician had found that you have a "substantial disablement" arising out of League football activities.

By letter received May 24, 2021, your representative, Sam Katz, appealed the Committee's initial decision to the Disability Board and submitted additional medical records.

DL-00620

Mr. Daniel Loper
November 15, 2021
Page 2

On appeal, you were examined by another Plan neutral orthopedist, Dr. Marcus Cook, pursuant to Plan Section 5.4(b) and the Plan's claims procedures. Like Dr. Apple, who examined you at the initial level, Dr. Cook is an orthopedic specialist who has experience evaluating impairments under the Plan's Point System. After examining you and reviewing your medical records, Dr. Cook rated your orthopedic impairments at 9 points (again below the 10 points required for LOD benefits under the terms of the Plan).

By letter dated July 30, 2021, the NFL Player Benefits Office provided you and Mr. Katz with a copy of Dr. Cook's report and advised that you had the right to respond before the Disability Board issued a final decision on your appeal. By letter received October 25, 2021, Mr. Katz criticized the reports of Drs. Apple and Cook, requested an evaluation by a Medical Advisory Physician ("MAP") or an award of additional points for your left wrist impairments, and submitted a video of game footage in support of your appeal.

The Disability Board reviewed the current record and unanimously determined that you are ineligible for LOD benefits under the 10-point standard. Plan Section 5.1(b) states that, for a Player to be eligible for LOD benefits, at least one Plan neutral physician must conclude that the Player incurred a "substantial disablement" arising out of League football activities (the Plan's standard for LOD benefits). If no Plan neutral physician renders this conclusion, then "the Player will not be eligible for and will not receive [LOD] benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record." In your case, the Disability Board found that you did not meet this threshold requirement because, based on your Point System ratings, neither one of the Plan neutral orthopedists reported that you have a "substantial disablement" arising out of League football activities. The Disability Board did not find a basis for a MAP evaluation and, therefore, did not refer you for such an evaluation.

The Disability Board took into account the following factors. First, the neutral physicians who examined you are specialists in the medical field encompassing your claimed impairments, and they have experience evaluating Players and other professional athletes. Second, the Plan's neutral physicians reviewed all of the records you provided, conducted thorough physical examinations of you, and provided complete and detailed reports of your condition. Even though the records you provided did not indicate that you meet the Plan's standard for a substantial disablement, they helped the Plan's neutral physicians award the points you received. Finally, the Disability Board found that the conclusions of the Plan's neutral physicians were consistent, in that they independently concluded that you do not have a "substantial disablement" despite your impairments. The Plan's physicians are absolutely neutral in this process because they are jointly selected by the NFL Players Association and the NFL Management Council; they are compensated in flat-fee arrangements, irrespective of the outcome of any particular evaluation; and they are contractually obligated to conduct thorough examinations, free of bias for or against Players. The Disability Board has no doubt that the Plan's neutral physicians fully understand the obligation to conduct fair and impartial Player evaluations, and that they have done so in your case.

DL-00621

Mr. Daniel Loper
November 15, 2021
Page 3

For these reasons, the Disability Board denied your appeal.

Legal Rights

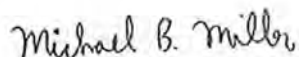
You should regard this letter as a final decision on review within the meaning of Section 503 of the Employee Retirement Income Security Act of 1974, as amended, and the regulations issued thereunder by the Department of Labor. To obtain further review of this decision, you have the right to bring an action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended. Under Plan Section 13.4(a) you must file such an action within 42 months from the date of the Board's decision. Your deadline for bringing such an action therefore is May 10, 2025.

This letter identifies the Plan provisions that the Disability Board relied upon in making its determination. Please note that the Plan provisions discussed in this letter are set forth in the "Relevant Plan Provisions" attachment. These are excerpts, however. You should consult the Plan Document for a full recitation of the relevant Plan terms. The Disability Board did not rely on any other internal rules, guidelines, protocols, standards, or other similar criteria beyond the Plan provisions discussed herein.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits, including the governing Plan Document.

You may call the NFL Player Benefits Office if you have any questions.

Sincerely,



Michael B. Miller
Plan Director
On behalf of the Disability Board

Enclosure
cc: Sam Katz, Esquire

<p>To receive assistance in these languages, please call: SPANISH (Español): Para obtener asistencia en Español, llame al 855-938-0527 (ext. 1) CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 855-938-0527 (ext. 2) TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-938-0527 (ext. 3) NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-638-3186 (ext. 416)</p>
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DL-00622

Relevant Plan Provisions

5.1 Eligibility. Effective January 1, 2015, a Player will receive monthly line-of-duty disability benefits from this Plan in the amount described in Section 5.2 if and only if all of the conditions in (a), (b), (c), (d), and (e) below are met:

(a) The Player is not an Active Player.

(b) At least one Plan neutral physician selected pursuant to Section 5.4(b) below must find that the Player incurred a "substantial disablement" (as defined in Section 5.5(a) and (b)) "arising out of League football activities" (as defined in Section 5.5(c)). If no Plan neutral physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive line-of-duty disability benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(c) After reviewing the report(s) of the Plan neutral physician(s) selected pursuant to Section 5.4(b) below, along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player incurred a "substantial disablement" (as defined in Section 5.5(a) and (b)) "arising out of League football activities" (as defined in Section 5.5(c)).

(d) The Player satisfies the other requirements of this Article 5 or Article 6 of the Bert Bell/Pete Rozelle Plan, as appropriate.

(e) The Player is not receiving line-of-duty disability benefits from the Bert Bell/Pete Rozelle Plan pursuant to Article 6 of that plan.

Section 5.5(a)(4)(B) defines "substantial disablement" with respect to orthopedic impairments as follows:

With respect to applications received on or after January 1, 2015, [a "substantial disablement" is one that] is rated at least 10 points, using the Point System set forth in Appendix A, Version 2 to this Plan. Surgeries, injuries, treatments, and medical procedures that occur after a Player's application deadline in Section 5.4(a) will not receive points and will be disregarded by the Committee and Board.

The introduction to **Appendix A, Version 2** provides this overview of the **Point System** referenced in Section 5.5(a)(4)(B):

This Point System for Orthopedic Impairments ("Point System") is used to determine whether a Player has a "substantial disablement" within the meaning of Plan Section 5.5(a)(4)(B). The Point System assigns points to each orthopedic impairment recognized under the Plan. A Player is awarded the indicated number of points for each occurrence of each listed orthopedic impairment, but only where the Player's orthopedic impairment arose out of

League football activities, and the impairment has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.
2. A Player is awarded points for a surgical procedure if the record includes an operative report for the qualifying procedure or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers' compensation, should not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities.
3. Points are awarded for symptomatic soft tissue injuries where the injury is documented and there are appropriate, consistent clinical findings that are symptomatic on the day of exam. For example, AC joint injuries must be documented in medical records and be symptomatic on examination, with appropriate physical findings, to award points.
4. If an injury or surgery is not listed in the Point System, no points should be awarded.
5. Medical records, medical history, and the physical examination must correlate before points can be awarded.
6. If a lateral clavicle resection is given points, additional points cannot be awarded if the AC joint is still symptomatic, such as with AC joint inflammation or shoulder instability.
7. Moderate or greater degenerative changes must be seen on x-ray to award points (i.e., MRI findings do not count).
8. Players must have moderate or greater loss of function that significantly impacts activities of daily living, or ADLs, to get points.
9. Cervical and lumbosacral spine injuries must have a documented relationship to League football activities, with appropriate x-ray findings, MRI findings, and/or EMG findings to be rated.
10. In cases where an injury is treated surgically, points are awarded for the surgical treatment/repair only, and not the injury preceding the surgical treatment/repair. For example, a Player may receive points for "S/P Pectoralis Major

Tendon Repair,” and if so he will not receive additional points for the “Pectoralis Major Tendon Tear” that led to the surgery.

11. As indicated in the Point System Impairment Tables, some injuries must be symptomatic on examination to merit an award of points under the Point System.

12. To award points for a subsequent procedure on the same joint/body part, the Player must recover from the first procedure and a new injury must occur to warrant the subsequent procedure. Otherwise, a revise/redo of a failed procedure would be the appropriate impairment rating.

13. Hardware removal is not considered a revise/redo of a failed surgery, and points are not awarded for hardware removal.

14. Multiple impairment ratings may be given related to a procedure on the same date, i.e., partial lateral meniscectomy and microfracture or chondral resurfacing.

15. When an ankle ORIF with soft tissue occurs, there should be no additional points for syndesmosis repair or deltoid ligament repair.

Appendix A, Version 2 then includes comprehensive “Point System Impairment Tables,” which assign Point System values to each orthopedic impairment recognized under the Plan. Your total “points” are the sum of those assigned for your recognized orthopedic impairments.

The Point System for Orthopedic Impairments is online at nflplayerbenefits.com. The NFL Player Benefits Office will furnish a full copy of it upon your request.

Plan Section 5.5(c) states:

“Arising out of League football activities” means a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. “Arising out of League football activities” does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities.

Plan Section 13.4 is entitled “Limitation on Actions.” It states, “[n]o suit or legal action with respect to an adverse determination may be commenced more than 42 months from the date of the final decision on the claim for benefits (including the decision on review).”